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| Fill in this information to identify your case: |                               |
|---|-------------------------------|
| United States Bankruptcy Court for the:         |                               |
| Northern District of: Illinois (State)          |                               |
| Case number (if known)                          | Chapter you are filing under: |
|   | Chapter 7                     |
|   | Chapter 11                    |
|   | Chapter 12                    |
|   | Chapter 13                    |

#### Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself   |                            |   |
|---|----------------------------|---|
|   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your full name   | Elbert                     |   |
|   | First name                 | First name                                    |
| Write the name that is on<br>your government-issued                 | E                          |   |
| picture identification (for   | Middle name                | Middle name                                   |
| example, your driver's license or passport                          | Melvin                     |   |
| license of passport   | Last name                  | Last name                                     |
| Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. All other names you  |                            |   |
| have used in the last   | First name                 | First name                                    |
| 8 years   |                            |   |
| Include your married or   | Middle name                | Middle name                                   |
| maiden names.   |                            | I   |
|   | Last name                  | Last name                                     |
|   | First name                 | First name                                    |
|   | THOCHANO                   | THOCHAINO                                     |
|   | Middle name                | Middle name                                   |
|   |                            |   |
|   | Last name                  | Last name                                     |
| 3. Only the last 4 digits of your Social                            | XXX - XX- <u>3658</u>      | XXX - XX-                                     |
| Security number or  | OR                         | OR  |
| federal Individual<br>Taxpayer                                      | 9 xx - xx-                 | 9 xx - xx-                                    |
| Identification number   | J AA AA-                   |   |

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| Debtor 1 Elbert<br>First Name                                | E<br>Middle Name  | Melvin<br>Last Name  | Case number (if known)   |
|--|---|--|--|
|  | About Debtor 1:   |  | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. Any business names and Employer                           | I have not used any bus   | iness names or EINs.   | I have not used any business names or EINs.  |
| Identification<br>Numbers (EIN) you<br>have used in the last | Business name   |  | Business name  |
| 8 years  | Business name   |  | Business name  |
| Include trade names and doing business as names              | EIN   |  | EIN  |
|  | EIN   |  | EIN  |
| 5. Where you live  | 4000 Park and Au  |  | If Debtor 2 lives at a different address:  |
|  | Number Street   |  | Number Street  |
|  | Aurora Illinois City State  | 60505<br>Zip Code  | City State Zip Code  |
|  | Kane  | 2.p 0000   |  |
|  | If your mailing address is above, fill it in here. Note to notices to you at this mailing | hat the court will send any                                      | County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|  | Number Street   |  | Number Street  |
|  | City State  | Zip Code   | City State Zip Code  |
| <ol> <li>Why you are<br/>choosing this district</li> </ol>   | Check one:  |  | Check one:   |
| to file for bankruptcy                                       |   | efore filing this petition, I have r than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                               |
|  | I have another reason. E  | xplain. (See 28 U.S.C. §§ 1408.)                                 | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |

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| Debto                              | r 1 Elbert<br>First Name  | E<br>Middle Name   | Melvin   |   | Case number (if kno   | own)   |
|------------------------------------|---|--|--|---|---|--|
|                                    |   |  |  |   |   |  |
| Part 2                             | Tell the Court Abo  | ut Your Bankrupt   | cy Case  |   |   |  |
| Ba<br>ar                           | e chapter of the<br>inkruptcy Code you<br>e choosing to file<br>der   |  | brief description of each, see<br>B2010)). Also, go to the top o   |   |   | C. § 342(b) for Individuals Filing for opriate box.  |
| 8. Ho                              | ow you will pay the   | more details a cashier's check may pay with a lineed to pay Individuals to li request that judge may, but he official por you choose the | bout how you may pay. Ty<br>k, or money order If you<br>a credit card or check with<br>the fee in installments. If<br>Pay Your Filing Fee in Ins<br>my fee be waived (You r<br>t is not required to, waive<br>verty line that applies to you | ypically, if your attorney is a pre-printed you choose stallments (Commay request your fee, an our family signs the Application | ou are paying the<br>submitting your<br>ed address.<br>this option, sig<br>official Form 103<br>this option only<br>d may do so onl<br>ze and you are u | the clerk's office in your local court for e fee yourself, you may pay with cash, r payment on your behalf, your attorney an and attach the <i>Application for SA</i> ).  If you are filing for Chapter 7. By law, a ly if your income is less than 150% of unable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official |
| ba                                 | ave you filed for<br>nkruptcy within the<br>st 8 years?   | ✓ No.  Yes. District  District  District   |  | When<br>When<br>When  | MM / DD / YYYY  MM / DD / YYYY  | Case number  Case number  Case number  |
| ca<br>be<br>sp<br>fili<br>yo<br>pa | e any bankruptcy ses pending or ing filed by a ouse who is not ng this case with u, or by a business rtner, or by an filiate? | ✓ No.  Yes. Debtor District Debtor District  |  | When<br>When  | MM / DD / YYYY  | Relationship to you  Case number, if known  Relationship to you  Case number, if known   |
|                                    | you rent your<br>sidence?   | ✓ No.  | landlord obtained an evictio   |   |   | b you want to stay in your residence?  St You (Form 101A) and file it with   |

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Е Melvin Debtor 1 Elbert Case number (if known) Middle Name First Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. **|** For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have  $\overline{}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Elbert E Melvin Case number (if known)
First Name Middle Name Last Name

| Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling |   |   |  |                                   |   |  |
|--|---|---|--|-----------------------------------|---|--|
|  |   | About Debtor 1:   |  | About Debte                       | or 2 (Sp                                    | oouse Only in a Joint Case):   |
| 15.  | Tell the court  | You must check one:   |  | You must che                      | eck one:                                    |  |
|  | whether you have received briefing about credit counseling.   | counseling agen   | ing from an approved credit<br>ncy within the 180 days before I<br>ptcy petition, and I received a<br>npletion.  | counseli                          | ng agen<br>bankru                           | ing from an approved credit<br>icy within the 180 days before I<br>ptcy petition, and I received a<br>npletion.  |
|  | The law requires that you receive a briefing  |   | he certificate and the payment plan, veloped with the agency.  |                                   |   | he certificate and the payment plan, veloped with the agency.  |
|  | about credit<br>counseling before you<br>file for bankruptcy.<br>You must truthfully  | counseling agen   | ing from an approved credit<br>ncy within the 180 days before I<br>ptcy petition, but I do not have a<br>npletion.   | counseli                          | ng agen<br>bankru                           | ing from an approved credit<br>ncy within the 180 days before I<br>ptcy petition, but I do not have a<br>npletion.   |
|  | check one of the<br>following choices. If<br>you cannot do so, you<br>are not eligible to file.   |   | er you file this bankruptcy petition, opy of the certificate and payment   |                                   | T file a co                                 | er you file this bankruptcy petition, opy of the certificate and payment   |
|  | If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your  I certify that I asked for credit counseling servi from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. |   | ed agency, but was unable to<br>vices during the 7 days after I<br>et, and exigent circumstances   | from an a<br>obtain th<br>made my | approve<br>nose ser<br>/ reques<br>0-day te | ked for credit counseling services ed agency, but was unable to vices during the 7 days after I st, and exigent circumstances emporary waiver of the                             |
| creditors can begin collection activities again.                           |   | requirement, attac<br>efforts you made t<br>unable to obtain it   | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.   |                                   | ent, attad<br>u made t<br>obtain it         | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were before you filed for bankruptcy, and umstances required you to file this     |
|  |   | with your reasons   | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.  If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. |                                   |   | e dismissed if the court is dissatisfied<br>for not receiving a briefing before<br>ruptcy.   |
|  |   | receive a briefing<br>must file a certifica<br>with a copy of the |  |                                   | briefing<br>a certifica<br>by of the        | fied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. o, your case may be dismissed. |
|  |   |   | he 30-day deadline is granted only mited to a maximum of 15 days.  | •                                 |   | he 30-day deadline is granted only<br>mited to a maximum of 15 days.   |
|  |   | I am not required counseling beca                                 | d to receive a briefing about credit use of:   | I am not counseli                 | -   | d to receive a briefing about credit use of:   |
|  |   | Incapacity.   | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.   | ☐ Incap                           | oacity.                                     | I have a mental illness or a mental<br>deficiency that makes me<br>incapable of realizing or making<br>rational decisions about finances.  |
|  |   | Disability.   | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.   | ☐ Disak                           | oility.                                     | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.     |
|  |   | Active duty.  | I am currently on active military duty in a military combat zone.  | Activ                             | e duty.                                     | I am currently on active military duty in a military combat zone.  |
|  |   | about credit coun   | are not required to receive a briefing seling, you must file a motion for ounseling with the court.  | about cre                         | edit coun                                   | are not required to receive a briefing seling, you must file a motion for ounseling with the court.  |

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| Debtor 1 Elbert First Name  |   | lelvin Case n   | number (if known)   |             |
|---|---|---|---|-------------|
|   | estions for Reporting Purposes  | scivaire  |   |             |
| 16. What kind of debts do you have?   | 16a. Are your debts primarily of "incurred by an individual primarily No. Go to line 16b.  ✓ Yes. Go to line 17.  16b. Are your debts primarily to the second seco | primarily for a personal, fami<br>pusiness debts? Business d<br>vestment or through the ope   | debts are debts that you incurred to obtain eration of the business or investment.  |             |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that fu  No.  |   | ly exempt property is excluded and administrative te to unsecured creditors?  | <b>;</b>    |
| 18. How many creditors do you estimate that you owe?  | <ul><li>✓ 1-49</li><li>☐ 50-99</li><li>☐ 100-199</li><li>☐ 200-999</li></ul>  | 1,000-5,000<br>5,001-10,000<br>10,001-25,000  | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000  |             |
| 19. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$10 m \$10,000,001-\$50 r \$50,000,001-\$100 \$100,000,001-\$50  | million \$1,000,000,001-\$10 billion on the million \$10,000,000,001-\$50 billion   |             |
| 20. How much do you estimate your liabilities to be?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$10 m \$10,000,001-\$50 r \$50,000,001-\$100 \$100,000,001-\$50  | million \$1,000,000,001-\$10 billion  million \$10,000,000,001-\$50 billion   |             |
| Part 7: Sign Below  |   | d I de deservir deservir de la constant   |   |             |
| For you   | correct.  If I have chosen to file under Chaof title 11, United States Code. I under Chapter 7.  If no attorney represents me and out this document, I have obtain  | apter 7, I am aware that I may<br>understand the relief availab<br>I I did not pay or agree to pay<br>red and read the notice requi |   | or 13<br>ed |
|   | I understand making a false state<br>connection with a bankruptcy ca<br>both. 18 U.S.C. §§ 152, 1341, 1   | ement, concealing property, ase can result in fines up to \$519, and 3571.  | ited States Code, specified in this petition.<br>or obtaining money or property by fraud in<br>\$250,000, or imprisonment for up to 20 years, o | , or        |
|   | /s/ Elbert Melvin Signature of Debtor 1   | ×   | Signature of Debtor 2   |             |
|   | Ü   |   |   |             |
|   | Executed on 6/13/2017 MM / DD   | / YYYY  | Executed on   |             |

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| Debtor 1 Elbert                                  | Е                         | Melvin                 | Case number (if k            | rnown)  |
|--|---------------------------|------------------------|------------------------------|---|
| First Name                                       | Middle Name               | Last Name              |                              |   |
| For your attorney, if you are represented by one | eligibility to proceed un | nder Chapter 7, 11, 1  | 2, or 13 of title 11, United | ave informed the debtor(s) about<br>I States Code, and have explained the<br>Iso certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice req  | uired by 11 U.S.C. §   | 342(b) and, in a case in w   | hich § 707(b)(4)(D) applies, certify that I   |
| represented by an                                | have no knowledge after   | er an inquiry that the | information in the schedu    | ules filed with the petition is incorrect.  |
| attorney, you do not                             | 4.4                       |                        |                              |   |
| need to file this page.                          | /s/ Mary E.R. Walte       | ers                    | Date                         | 6/13/2017   |
|  | Signature of Attorney     | for Debtor             | M                            | M / DD / YYYY   |
|  |                           |                        |                              |   |
|  |                           |                        |                              |   |
|  | Mary E.R. Walters         |                        |                              |   |
|  | Printed name              |                        |                              |   |
|  | Semrad Law Firm           |                        |                              |   |
|  | Firm name                 |                        |                              |   |
|  | 1444 N. Farnsworth        | Avenue                 |                              |   |
|  | Street                    |                        |                              |   |
|  | Suite 300                 |                        |                              |   |
|  |                           |                        |                              |   |
|  | Aurora                    |                        | Illinois                     | 60505   |
|  | City                      |                        | State                        | Zip Code  |
|  |                           |                        |                              |   |
|  | Contact phone             | 3124477861             | Email address                | mwalters@semradlaw.com  |
|  |                           |                        |                              |   |
|  | 6315822                   |                        | Illinois                     |   |
|  | Bar number                |                        | State                        |   |

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| Fill in this infor        | mation to identify your c | ase:        |                      |   |
|---------------------------|---------------------------|-------------|----------------------|---|
| Debtor 1                  | Elbert                    | E           | Melvin               |   |
|                           | First Name                | Middle Name | Last Name            |   |
| Debtor 2                  |                           |             |                      |   |
| (Spouse, if filing)       | First Name                | Middle Name | Last Name            | , |
| United States E           | Bankruptcy Court for the: | Northern    | District of Illinois |   |
|                           |                           |             | (State)              |   |
| Case number<br>(If known) |                           |             |                      |   |

|   | Check if | this    | is | an |
|---|----------|---------|----|----|
| _ | amende   | d filii | ng |    |

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|  | V   |
|--|---|
|  | <b>Your assets</b><br>Value of what you own   |
| Schedule A/B: Property (Official Form 106A/B)  |   |
| 1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>  | \$0.00  |
|  | \$5,035.00                                    |
| 1b. Copy line 62, Total personal property, from Schedule A/B   |   |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$5,035.00                                    |
| rt 2: Summarize Your Liabilities   |   |
|  |   |
|  | Your liabilities Amount you owe               |
| . Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)                                   | \$0.00  |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$0.00  |
| . Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)   | \$0.00  |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                     |   |
|  | \$80,582.52                                   |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>           | Ψ00,002.02                                    |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>           | \$80,582.52                                   |
| Your total liabilities   | <u>·                                     </u> |
|  | <u>·                                     </u> |
| Your total liabilities  art 3: Summarize Your Income and Expenses  . Schedule I: Your Income (Official Form 106I)  | \$80,582.52                                   |
| Your total liabilities   | <u>·                                     </u> |
| Your total liabilities  art 3: Summarize Your Income and Expenses  . Schedule I: Your Income (Official Form 106I)  | \$80,582.52                                   |

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| Deb         | tor 1 Elbert                 | E<br>Middle Name  | Melvin   | Case number (if known)  |            |  |  |
|-------------|------------------------------|---|--|---|------------|--|--|
| Part        | First Name  Answer These O   |   | Last Name<br>tive and Statistical Reco                                 | rde   |            |  |  |
| ran         | Allswei Tilese Q             | uestions for Administrati   | uve and Statistical Neco   | ius   |            |  |  |
| 6. <b>A</b> | re you filing for bankrup    | tcy under Chapters 7, 11, o   | r 13?  |   |            |  |  |
|             | No. You have nothing         | to report on this part of the fo  | orm. Check this box and subm   | it this form to the court with your other sch                         | nedules.   |  |  |
| Ŀ           | ✓ Yes.                       |   |  |   |            |  |  |
| 7 VA        | <br>/hat kind of debt do you | hove?   |  |   |            |  |  |
| /. w        | -                            |   |  |   |            |  |  |
| Ŀ           |                              |   | ımer debts are those incurred I<br>Fill out lines 8-10 for statistical | by an individual primarily for a personal, purposes. 28 U.S.C. § 159. |            |  |  |
| г           | ☐ Your debts are not p       | rimarily consumer debts. Yo   | ou have nothing to report on t   | his part of the form. Check this box and su                           | bmit       |  |  |
|             |                              | with your other schedules.  |  |   |            |  |  |
| 0 1         | From the Statement of \      | Court Current Monthly Incom   | ne: Copy your total current mo   | nthly income from Official  | ф1 144 00  |  |  |
|             |                              | R, Form 122B Line 11; <b>OR</b> , Fo  |  | miny income nom omciai  | \$1,144.20 |  |  |
|             |                              |   |  |   |            |  |  |
| 9.          | Copy the following spec      | cial categories of claims fro   | om Part 4, line 6 of Schedule  | e E/F:  |            |  |  |
|             | From Part 4 on Schedu        | le E/F, copy the following:   |  | Total claim   |            |  |  |
|             | 9a. Domestic support ob      | ligations (Conv. line Co.)  |  | \$0.00  |            |  |  |
|             | a. Domestic support ob       | ilgations (Copy line 6a.)   |  |   |            |  |  |
|             | 9b. Taxes and certain oth    | ner debts you owe the govern  | ment. (Copy line 6b.)  | \$0.00  |            |  |  |
|             | 9c. Claims for death or p    | ersonal injury while you were   | intoxicated. (Copy line 6c.)   | \$0.00  |            |  |  |
|             | 9d. Student loans. (Copy     | line 6f.)   |  | \$0.00  |            |  |  |
|             |                              |   |  | \$0.00  |            |  |  |
|             |                              | <ol><li>Obligations arising out of a separation agreement or divorce that you did no<br/>priority claims. (Copy line 6g.)</li></ol> |  |   |            |  |  |
|             | Of Dobto to popular as       | rofit aboring plane, and ather  | raimilar dabta (Capy line 6h.)   | \$0.00  |            |  |  |
|             | ar. Debts to perision or p   | profit-sharing plans, and other   | similal debts. (Copy line 6n.)   |   |            |  |  |

\$0.00

9g. Total. Add lines 9a through 9f.

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| Fill in this                | information to ide                       | ntify your case:               |  |   |
|-----------------------------|--|--------------------------------|--|---|
| Debtor 1                    | Elbert                                   | E                              | Melvin   |   |
| Debtor I                    | First Name                               | Middle N                       |  |   |
| Debtor 2<br>(Spouse, if fil | ing) First Name                          | Middle N                       | lame Last Name   |   |
|                             | ates Bankruptcy Co                       |                                | District of Illinois   |   |
|                             |  | ant for the. Northern          | (State)  |   |
| Case num<br>(If known)      | ber                                      |                                |  |   |
| Officia                     | l Form 106                               | Λ/R                            |  | Check if this is an   |
|                             |  |                                |  | amended filing  |
| Sched                       | dule A/B:                                | Property                       |  | 12/1  |
| category v<br>responsibl    | vhere you think it<br>e for supplying co | fits best. Be as complete a    | nd accurate as possible. If two married pace is needed, attach a separate shee | n more than one category, list the asset in the difference are filing together, both are equally et to this form. On the top of any additional pages, |
| Part 1:                     | Describe Each                            | Residence, Building, La        | nd, or Other Real Estate You Own   | or Have an Interest In  |
|                             | =  | legal or equitable interest    | in any residence, building, land, or simi                                      | ilar property?  |
| <b>✓</b>                    | No. Go to Part 2                         | _                              |  |   |
|                             | Yes. Where is the                        | property?                      |  |   |
| 1.1                         |  |                                | What is the property? Check all that ap  Single-family home                    | the amount of any secured claims on Schedule D:   |
| 1                           | Street address, if a                     | vailable, or other description | Duplex or multi-unit building  | Creditors Who Have Claims Secured by Property.  |
|                             |  |                                | Condominium or cooperative   | Current value of the Current value of the entire property? portion you own?   |
|                             |  |                                | Manufactured or mobile home  | ——————————————————————————————————————  |
|                             | Number Stree                             | et .                           | Land   | Describe the nature of your ownership   |
|                             |  |                                | Investment property Timeshare  | interest (such as fee simple, tenancy by  |
|                             | City                                     | State Zip Code                 | Other  | the entireties, or a life estate), if known.  |
|                             |  |                                | Who has an interest in the property? one.                                      | Check if this is community property (see instructions)  |
|                             |  |                                | Debtor 1 only  |   |
|                             |  |                                | Debtor 2 only  |   |
|                             |  |                                | Debtor 1 and Debtor 2 only   |   |
|                             |  |                                | At least one of the debtors and anoth  |   |
|                             |  |                                | Other information you wish to add ab<br>property identification number:        | out this item, such as local  |
| If you                      | own or have more                         | than one, list here:           |  |   |
|                             |  |                                | What is the property? Check all that ap  | oply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D:   |
| 1.2                         | Street address, if a                     | vailable, or other description | Single-family home  Duplex or multi-unit building                              | Creditors Who Have Claims Secured by Property.  |
|                             |  |                                | Condominium or cooperative   | Current value of the Current value of the   |
|                             |  |                                | Manufactured or mobile home  | entire property? portion you own?   |
|                             | Number Stree                             | ot                             | Land   | Describe the nature of very surroughin  |
|                             | Number Office                            | ,,                             | Investment property  | Describe the nature of your ownership<br>interest (such as fee simple, tenancy by   |
|                             | City                                     | State Zip Code                 | Other  | the entireties, or a life estate), if known.  |
|                             |  |                                | Who has an interest in the property? one.                                      | Check if this is community property (see instructions)  |
|                             |  |                                | Debtor 1 only  | Ш   |
|                             |  |                                | Debtor 2 only  |   |
|                             |  |                                | Debtor 1 and Debtor 2 only   |   |
|                             |  |                                | At least one of the debtors and anoth  | her   |
|                             |  |                                | Other information you wish to add ab property identification number:           | out this item, such as local  |

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| Debtor 1                      |  | E<br>Middle News  |  | se number (if known)  |  |
|-------------------------------|--|---|--|---|--|
| Nun<br>City                   | the dollar value of the po<br>ve attached for Part 1. Wi           | Zip Code  Zip Code  Vertion you own for a site that number here |  | the amount of any Creditors Who Hav  Current value of t entire property?  Describe the nature interest (such as the entireties, or Check if this (see instruction).  Check if this (see instruction). | portion you own?  are of your ownership fee simple, tenancy by a life estate), if known.           |
|                               |  | rtion you own for a<br>ite that number he                       | Il of your entries from Part 1, including a  | ny entries for pages  |  |
| <b>Oo you ow</b><br>ou own tl | hat someone else drives. If yours, trucks, tractors, sport ut      | equitable interest<br>ou lease a vehicle, a                     | in any vehicles, whether they are registeralso report it on Schedule G: Executory Conteycles                       |   | cles   |
| 3.1                           |  | Dodge<br>Dakota<br>2002<br>200000                               | Who has an interest in the property? one.  Debtor 1 only Debtor 2 only   | the amount of any Creditors Who Har   |  |
|                               | Other information: 2002 Dodge Dakota (NOT                          | ,   | Debtor 1 and Debtor 2 only  At least one of the debtors and anoti  Check if this is community proper instructions) | ty (see   | portion you own?<br>\$500.00   |
| 3.2                           | Make  Model:   | GMC<br>Sonoma<br>Regular Cab                                    | Who has an interest in the property? one.  Debtor 1 only   | the amount of any   | ured claims or exemptions. Put secured claims on <i>Schedule D:</i> re Claims Secured by Property. |
|                               | Year: Approximate mileage: Other information: 1993 GMC Sonoma Regu | 1993<br>195000  | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anot                                      |   | the Current value of the portion you own? \$1525.00  |
|                               |  |   | instructions)  | ty (See   |  |

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| otor 1            | Elbert<br>First Name                                      | E<br>Middle Name | Melvin<br>Last Name   | Case number   | er (if known)                                |   |
|-------------------|---|------------------|---|---|--|---|
| 3.3               | Make Model: Year: Approximate mileage: Other information: |                  | Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 or At least one of the debtor Check if this is communing instructions) | nly<br>s and another                                    | the amount of any secu                       | claims or exemptions. Put<br>irred claims on <i>Schedule D</i><br>aims Secured by Property.<br>Current value of the<br>portion you own? |
| 3.4               | Make Model: Year: Approximate mileage: Other information: | <u> </u>         | Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 or At least one of the debtor  | nly   | the amount of any secu                       | claims or exemptions. Put<br>irred claims on Schedule D<br>aims Secured by Property.  Current value of the<br>portion you own?          |
|                   |   |                  | instructions)   |   |  |   |
|                   | mples: Boats, trailers, motor<br>No<br>Yes<br>Make        | •                | er recreational vehicles, other<br>t, fishing vessels, snowmobiles, i<br>Who has an interest in the   | motorcycle accessori                                    | Do not deduct secured                        | claims or exemptions. Put   |
| Example Example 1 | mples: Boats, trailers, motor<br>No<br>Yes                | •                | er recreational vehicles, other<br>t, fishing vessels, snowmobiles, i   | motorcycle accessori property? Check  hly s and another | Do not deduct secured the amount of any secu | claims or exemptions. Put<br>ired claims on <i>Schedule D</i><br>aims Secured by Property.<br>Current value of the<br>portion you own?  |

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| D        | ebtor 1                 |                                    | E   | Melvin                          | Case number (if known)                  |  |
|----------|-------------------------|------------------------------------|---|---------------------------------|---|--|
|          |                         | First Name                         | Middle Name   | Last Name                       |   |  |
| Pa       | ırt 3:                  | Describe \                         | our Personal and Household  | Items                           |   |  |
| D        | o you                   | own or hav                         | ve any legal or equitable inter   | est in any of the followir      | ng items?                               | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 6        |                         |                                    | and furnishings<br>oliances, furniture, linens, china, kitch                                      | nenware                         |   |  |
| ⊻        |                         | Describe                           | Used furniture  |                                 |   | \$370.00   |
| 7        |                         | <b>tronics</b><br>bles: Television | ns and radios; audio, video, stereo, a  | nd digital equipment; comput    | ters, printers, scanners; music         |  |
| <b>✓</b> | Yes. I                  | Describe                           | Used Electronics (1) TV   |                                 |   | \$255.00   |
|          |                         |                                    | lue<br>and figurines; paintings, prints, or ot<br>oin, or baseball card collections; othe         |                                 |   |  |
| ✓        | No                      |                                    |   |                                 |   |  |
|          | Yes. I                  | Describe                           |   |                                 |   |  |
|          | -                       | oles: Sports, p                    | orts and hobbies<br>hotographic, exercise, and other hob<br>ks; carpentry tools; musical instrume |                                 | tables, golf clubs, skis; canoes        |  |
| ~        | No                      |                                    |   |                                 |   |  |
|          | Yes. I                  | Describe                           |   |                                 |   |  |
| 1        | <b>0. Fire</b><br>Examp |                                    | fles, shotguns, ammunition, and rela  | ted equipment                   |   |  |
| ✓        | No                      |                                    |   |                                 |   |  |
|          | Yes. I                  | Describe                           |   |                                 |   |  |
| 1        |                         |                                    | clothes, furs, leather coats, designer  | wear, shoes, accessories        |   |  |
| L        | No                      | D                                  |   |                                 |   |  |
| ⊻        | Yes. I                  | Describe                           | Used Clothes  |                                 |   | \$700.00   |
|          | 2. Jev<br>Examp         | •                                  | jewelry, costume jewelry, engageme<br>er  | nt rings, wedding rings, heirlo | oom jewelry, watches, gems,             |  |
| ☑        |                         | Describe                           | Used Jewelry  |                                 |   | \$160.00   |
| 1        | Examp                   | n-farm anima<br>oles: Dogs, ca     | Is<br>ts, birds, horses   |                                 |   |  |
|          |                         | Describe                           |   |                                 |   |  |
| 1        | 4. An                   | y other perso                      | nal and household items you did r   | not already list, including a   | ny health aids you did not list         |  |
| <b>~</b> | l No                    |                                    |   | , ,,                            | • |  |
| Ě        |                         | Describe                           |   |                                 |   |  |
|          |                         |                                    | alue of all of your entries from Par  |                                 |   | <u>\$1485.00</u>   |

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| Debt   | tor 1 Elbert                        | <u>E</u>   | Melvin                      | Case number (if known)                                    |  |
|--------|-------------------------------------|--|-----------------------------|---|--|
|        | First Name                          | Middle Name  | Last Name                   |   |  |
| Part 4 | 4: Describe Your                    | r Financial Assets   |                             |   |  |
| Do     | you own or have a                   | ny legal or equitable interes  | t in any of the following   | g?  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|        | Cash                                |  |                             |   |  |
| E      | _                                   | nave in your wallet, in your home, i                                       | a safe deposit box, and on  | h hand when you file your petition                        |  |
|        | <b>✓</b> No                         |  |                             |   |  |
|        | Yes                                 |  |                             | Cash:   |  |
| 17.    | Examples: Checking,                 | savings, or other financial accounts institutions. If you have multiple ac |                             | res in credit unions, brokerage houses, ution, list each. |  |
|        | No                                  |  |                             |   |  |
|        | <b>✓</b> Yes                        |  | Institution name:           |   |  |
|        |                                     |  |                             |   |  |
|        |                                     | 17.1. Checking account:  | Earth Mover Bank            |   | \$125.00   |
|        |                                     | 17.2. Checking account:  |                             |   |  |
|        |                                     | 17.3. Savings account:   | Earth Mover Bank            |   | \$400.00   |
|        |                                     | 17.4. Savings account:   |                             |   |  |
|        |                                     | 17.5. Certificates of deposit:   |                             |   |  |
|        |                                     | 17.6. Other financial account:   |                             |   |  |
|        |                                     | 17.7. Other financial account:   |                             |   |  |
|        |                                     | 17.8. Other financial account:   |                             |   |  |
|        |                                     | 17.9. Other financial account:   |                             |   |  |
| 18.    |                                     | s, or publicly traded stocks   |                             |   |  |
|        |                                     | ds, investment accounts with broke   | rage firms, money market ac | ccounts   |  |
|        | ✓ No                                | Institution or issuer name:  |                             |   |  |
|        | Yes                                 |  |                             |   |  |
|        |                                     |  |                             |   |  |
|        |                                     |  |                             |   |  |
|        |                                     |  |                             |   |  |
| 19.    |                                     |  | ated and unincorporated b   | ousinesses, including an interest in                      |  |
|        | an LLC, partnership                 | , and joint venture  |                             |   |  |
|        | <b>✓</b> No                         | Name of entity   |                             | % of ownership:   |  |
|        | Yes. Give specific information abou | 7  |                             | 70 of ownership.  |  |
|        | them                                |  |                             |   |  |
|        |                                     |  |                             |   |  |
|        |                                     |  |                             |   |  |

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| Debt | tor 1 Elbert                                       | E  | Melvin                      | Case number (if known)                   |           |
|------|--|--|-----------------------------|--|-----------|
|      | First Name   | Middle Name  | Last Name                   | <u> </u>                                 |           |
| 20.  | Negotiable instruments i                           | orate bonds and other negotiab nclude personal checks, cashiers' ents are those you cannot transfer Issuer name: | checks, promissory not      | es, and money orders.                    |           |
| 21.  | Retirement or pension<br>Examples: Interests in IF |  | , thrift savings accounts,  | or other pension or profit-sharing plans |           |
|      | <b>✓</b> No  |  |                             |  |           |
|      | Yes. List each                                     | Type of account:   | Institution name:           |  |           |
|      | account  | 401(k) or similar plan:  |                             |  |           |
|      | separately.  | Pension plan:  |                             |  |           |
|      |  | IRA:   |                             |  |           |
|      |  |  |                             |  |           |
|      |  | Retirement account:  | -                           | _  |           |
|      |  | Keogh:   |                             |  |           |
|      |  | Additional account:  |                             |  |           |
|      |  | Additional account:  |                             |  |           |
| 22.  |  | prepayments I deposits you have made so that with landlords, prepaid rent, public                                |                             |  |           |
|      | ✓ Yes  | Electric:  |                             |  |           |
|      |  | Gas:   |                             |  |           |
|      |  | Heating oil:   |                             |  |           |
|      |  | Security deposit on rental unit:   | Landlord Security Depo      | osit                                     | \$1000.00 |
|      |  | Prepaid rent:  |                             |  |           |
|      |  | Telephone:   |                             |  |           |
|      |  | Water:   |                             |  |           |
|      |  | Rented furniture:  |                             |  |           |
|      |  | Other:   |                             |  |           |
| 23.  | Annuities (A contract fo                           | or a periodic payment of money to  | you, either for life or for | a number of years)                       |           |
|      | ✓ No  Yes  | Issuer name and description:   |                             |  |           |
|      |  |  |                             |  |           |
|      |  |  |                             |  |           |
|      |  |  |                             |  |           |

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| Debt | or 1 Elbert<br>First Name   | E<br>Middle I  | Melvir<br>Name Last Na         | Case number (if kno  | wn)  |
|------|---|--|--------------------------------|--|--|
| 24.  |   |  |                                | program, or under a qualified state tu   | ition program  |
| 24.  |   | 30(b)(1), 529A(b), and 529(  |                                | program, or under a quantied state to  | ition program.   |
|      | ✓ No<br>Yes   | nstitution name and descrip  | otion. Separately file the red | ords of any interests.11 U.S.C. § 521(c):  |  |
|      | -   |  |                                |  |  |
|      | -<br>-  |  |                                |  |  |
| 25.  | Trusts, equital exercisable fo  | •  | roperty (other than any        | hing listed in line 1), and rights or pow  | ers  |
|      | ✓ No  Yes. Descri   | he   |                                |  |  |
|      | 103. 203011   |  |                                |  |  |
| 26.  |   | rights, trademarks, trade<br>net domain names, website                                       |                                |  |  |
|      | No  |  |                                |  |  |
|      | Yes. Descri   | be   |                                |  |  |
| 27.  |   | chises, and other general  | _                              |  |  |
|      | Examples: Build   | ding permits, exclusive licen  | ses, cooperative association   | n holdings, liquor licenses, professional li   | censes   |
|      | Yes. Descri   | be   |                                |  |  |
|      |   |  |                                |  |  |
|      |   |  |                                |  |  |
| Mon  | ney or propert  | y owed to you?   |                                |  | Current value of the portion you own?  Do not deduct secured claims or exemptions.   |
|      | ney or propert  |  |                                |  | portion you own?  Do not deduct secured  |
|      | Tax refunds ow  | ed to you  |                                |  | <b>portion you own?</b> Do not deduct secured claims or exemptions.  |
|      | Tax refunds ow  ✓ No  — Yes. Give sp about  | ed to you  Decific information them, including whether                                       |                                | Federa   | portion you own?  Do not deduct secured claims or exemptions.  I: \$0.00   |
|      | Tax refunds ow  No Yes. Give spabout you al   | ed to you  Decific information   |                                | State:   | portion you own?  Do not deduct secured claims or exemptions.  I: \$0.00   |
| 28.  | Tax refunds ow  No Yes. Give spabout you all and the  | ed to you  Decific information them, including whether ready filed the returns e tax years   | payed aupport, shild aug       | State:<br>Local:   | portion you own? Do not deduct secured claims or exemptions.  I: \$0.00 \$0.00   |
| 28.  | Tax refunds ow  No Yes. Give spabout you all and the  Family support Examples: Past of  | ed to you  Decific information them, including whether ready filed the returns e tax years   | pousal support, child sup      | State:   | portion you own? Do not deduct secured claims or exemptions.  I: \$0.00 \$0.00   |
| 28.  | Tax refunds ow  No Yes. Give spabout you al and the  Family support Examples: Past of   | ed to you  Decific information them, including whether ready filed the returns e tax years   | pousal support, child sup      | State:<br>Local:   | portion you own? Do not deduct secured claims or exemptions.  1: \$0.00 \$0.00 \$0.00 perty settlement   |
| 28.  | Tax refunds ow  No Yes. Give spabout you al and the  Family support Examples: Past of   | ed to you  Decific information them, including whether ready filed the returns e tax years   | pousal support, child sup      | State:  Local:  port, maintenance, divorce settlement, pro                                   | portion you own?  Do not deduct secured claims or exemptions.  I: \$0.00  \$0.00  \$0.00  perty settlement  y: \$0.00                          |
| 28.  | Tax refunds ow  No Yes. Give spabout you al and the  Family support Examples: Past of   | ed to you  Decific information them, including whether ready filed the returns e tax years   | pousal support, child sup      | State:  Local:  port, maintenance, divorce settlement, pro                                   | portion you own?  Do not deduct secured claims or exemptions.  Solution:  \$0.00  \$0.00  \$0.00  perty settlement  y:  \$0.00  \$0.00  \$0.00 |
| 28.  | Tax refunds ow  No Yes. Give spabout you al and the  Family support Examples: Past of   | ed to you  Decific information them, including whether ready filed the returns e tax years   | pousal support, child sup      | State: Local: port, maintenance, divorce settlement, pro Alimor Mainte                       | portion you own?  Do not deduct secured claims or exemptions.  Solution:  \$0.00  \$0.00  \$0.00  perty settlement  y:  \$0.00  \$0.00  \$0.00 |
| 28.  | Tax refunds ow  No Yes. Give spabout you all and the samples: Past of No Yes. Give spabout you all and the samples: Past of No Yes. Give spanning and the samples: Past of No   | ed to you  Decific information them, including whether ready filed the returns the tax years | pousal support, child sup      | State: Local: port, maintenance, divorce settlement, pro Alimor Mainte Suppo                 | portion you own? Do not deduct secured claims or exemptions.  1: \$0.00 \$0.00 \$0.00  perty settlement  y: \$0.00 nance: \$0.00  t: \$0.00    |
| 28.  | Tax refunds ow  ✓ No  Yes. Give spatout you all and the samples: Past of the spatout you all and the samples: Other amounts Examples: Unpage 1  | ed to you  Decific information them, including whether ready filed the returns the tax years | e payments, disability ber     | State: Local:  port, maintenance, divorce settlement, pro Alimor Mainte Suppo Divorce Proper | ## Portion you own?   Do not deduct secured claims or exemptions.  ## ## So.00   |
| 28.  | Tax refunds ow  ✓ No  Yes. Give spatout you all and the samples: Past of the spatout you all and the samples: Other amounts Examples: Unpage 1  | ed to you  Decific information them, including whether ready filed the returns te tax years  | e payments, disability ber     | State: Local:  port, maintenance, divorce settlement, pro Alimor Mainte Suppo Divorce Proper | ## Portion you own?   Do not deduct secured claims or exemptions.  ## ## So.00   |
| 28.  | Tax refunds ow  No Yes. Give spatout you al and the samples: Past of Yes. Give spatout you al and the samples: Past of Yes. Give spatout Yes. | ed to you  Decific information them, including whether ready filed the returns te tax years  | e payments, disability ber     | State: Local:  port, maintenance, divorce settlement, pro Alimor Mainte Suppo Divorce Proper | ## Portion you own?   Do not deduct secured claims or exemptions.  ## ## So.00   |

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| Debt | or 1 Elbert                | E                                 | Melvin                         | Case number (if known)                          |                               |
|------|----------------------------|-----------------------------------|--------------------------------|---|-------------------------------|
|      | First Name                 | Middle Name                       | Last Name                      |   |                               |
| 21   | Interests in insurance     | nolicies                          |                                |   |                               |
| 31.  |                            |                                   | avings seement (USA): arodit   | homoowner's or renter's incurrence              |                               |
|      | Examples: Health, disabi   | itty, or life insurance; nealth s | avings account (HSA); credit,  | homeowner's, or renter's insurance              |                               |
|      | <b>√</b> No                |                                   |                                |   |                               |
|      | ✓ NO                       | Co                                | mpany name:                    | Beneficiary:                                    | Surrender or refund value:    |
|      | Yes. Name the insur        | rance company                     | inputty fruitio.               | Borronolary.                                    | carrottadi di fotatta valadi. |
|      | of each policy and li      |                                   |                                |   |                               |
|      |                            |                                   |                                |   | <u> </u>                      |
|      |                            |                                   |                                |   |                               |
|      |                            |                                   |                                |   | <del>-</del>                  |
|      |                            |                                   |                                |   |                               |
|      |                            |                                   |                                |   | -                             |
| 32.  | Any interest in propert    | y that is due you from som        | eone who has died              |   |                               |
|      | If you are the beneficiary | of a living trust, expect proc    | eeds from a life insurance po  | licy, or are currently entitled to receive      |                               |
|      | property because some      | ne has died.                      |                                |   |                               |
|      |                            |                                   |                                |   |                               |
|      | <b>✓</b> No                |                                   |                                |   |                               |
|      | Yes. Describe              |                                   |                                |   |                               |
|      | Tes. Describe              |                                   |                                |   |                               |
|      |                            |                                   |                                |   |                               |
|      | -                          |                                   |                                |   |                               |
| 33.  | Claims against third pa    | arties, whether or not you        | have filed a lawsuit or mad    | le a demand for payment                         |                               |
|      |                            | ployment disputes, insurance      |                                |   |                               |
|      | Examples: Acoldonte, on    | ipioyimoni diopatos, incurant     | o claime, or riginto to cuo    |   |                               |
|      | <b>✓</b> No                |                                   |                                |   |                               |
|      | _                          |                                   |                                |   |                               |
|      | Yes. Describe              |                                   |                                |   |                               |
|      | _                          |                                   |                                |   |                               |
|      |                            |                                   |                                |   |                               |
| 2.4  | Other centingent and       | unlinuidated alaima af aus        |                                | undaine of the debter and rights                |                               |
| 34.  |                            | uniiquidated ciaims of eve        | ry nature, including counte    | erclaims of the debtor and rights               |                               |
|      | to set off claims          |                                   |                                |   |                               |
|      | □ Na                       |                                   |                                |   |                               |
|      | <b>✓</b> No                |                                   |                                |   |                               |
|      | Yes. Describe              |                                   |                                |   |                               |
|      | ш                          |                                   |                                |   |                               |
|      | L                          |                                   |                                |   |                               |
|      | -                          |                                   |                                |   |                               |
| 35.  | Any financial assets yo    | ou did not already list           |                                |   |                               |
|      |                            |                                   |                                |   |                               |
|      | <b>✓</b> No                |                                   |                                |   |                               |
|      | Yes. Describe              |                                   |                                |   |                               |
|      | Tes. Describe              |                                   |                                |   |                               |
|      |                            |                                   |                                |   |                               |
|      | -                          |                                   |                                |   |                               |
|      |                            |                                   |                                |   |                               |
| 36.  | Add the dollar value of    | all of your entries from Pa       | rt 4, including any entries    | for pages you have attached                     | 04505.00                      |
|      |                            | -                                 |                                |   | \$1525.00                     |
|      | To T die in Willo that in  |                                   |                                |   |                               |
|      |                            |                                   |                                |   |                               |
|      |                            |                                   |                                |   |                               |
|      |                            |                                   |                                |   |                               |
| Part | Describe Any Bu            | siness-Related Proper             | ty You Own or Have an          | Interest In. List any real estate in Par        | t 1.                          |
|      | _                          |                                   |                                |   |                               |
| 37.  | Do you own or have an      | y legal or equitable intere       | st in any business-related ¡   | property?                                       |                               |
|      |                            |                                   |                                |   | Current value of the          |
|      | No. Go to Part 6.          |                                   |                                |   | portion you own?              |
|      | Yes. Go to line 38.        |                                   |                                |   |                               |
|      | les. do to line so.        |                                   |                                |   | Do not deduct secured claims  |
|      |                            |                                   |                                |   | or exemptions                 |
| 38.  | Accounts receivable o      | r commissions you already         | earned                         |   |                               |
|      |                            | ,                                 |                                |   |                               |
|      | <b>√</b> No                |                                   |                                |   |                               |
|      | _                          |                                   |                                |   |                               |
|      | Yes. Describe              |                                   |                                |   |                               |
|      | _                          |                                   |                                |   |                               |
|      |                            |                                   |                                |   |                               |
|      |                            | <del></del>                       |                                |   |                               |
| 39.  | Office equipment, furn     |                                   |                                |   |                               |
|      | Examples: Business-rela    | ted computers, software, mo       | dems, printers, copiers, fax r | nachines, rugs, telephones, desks, chairs, elec | tronic devices                |
|      | - N.                       |                                   |                                |   |                               |
|      | <b>✓</b> No                |                                   |                                |   |                               |
|      | Yes. Describe              |                                   |                                |   |                               |
|      |                            |                                   |                                |   |                               |
|      |                            |                                   |                                |   |                               |
| 1    |                            |                                   |                                |   |                               |

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| Deb      | tor 1 Elbert                   | E                                | Melvin                                   | Case number (if known)      |  |
|----------|--------------------------------|----------------------------------|--|-----------------------------|--|
|          | First Name                     | Middle Name                      | Last Name                                |                             |  |
| 40.      | Machinery, fixtures, e         | equipment, supplies you          | use in business, and tools of your tra   | de                          |  |
|          | <b>✓</b> No                    |                                  |  |                             |  |
|          | Yes. Describe                  |                                  |  |                             |  |
|          | _                              |                                  |  |                             |  |
|          |                                |                                  |  |                             |  |
| 41.      | Inventory                      |                                  |  |                             |  |
|          | <b>✓</b> No                    |                                  |  |                             |  |
|          | Yes. Describe                  |                                  |  |                             |  |
|          | _                              |                                  |  |                             |  |
| 40       |                                | ing or injut vantures            |  |                             |  |
| 42.      | Interests in partnersh         | iips or joint ventures           |  |                             |  |
|          | <b>✓</b> No                    |                                  | Name of entity:                          | % of ownership:             |  |
|          | Yes. Give specific             |                                  | realite of entity.                       | 70 of ownership.            |  |
|          | information about them         |                                  |  |                             | <u> </u>                                       |
|          | urem                           |                                  |  |                             |  |
|          |                                |                                  |  |                             |  |
| 40.4     | Customor listo mailina         | ı lists, or other compilati      |  |                             |  |
| 43.      | Customer lists, mailing        | insts, or other complian         | ons                                      |                             |  |
|          | <b>✓</b> No                    |                                  |  |                             |  |
|          | Yes. Do your lists i           | nclude personally identifiab     | ele information (as defined in 11 U.S.C. | § 101(41A))?                |  |
|          | ☐ No                           |                                  |  |                             |  |
|          | Yes. Desc                      | rihe                             |  |                             |  |
|          | 163. 2630                      |                                  |  |                             |  |
| 44.      | Any business-related           | property you did not alre        | eady list                                |                             |  |
|          | <b>✓</b> No                    |                                  |  |                             |  |
|          | lacksquare                     |                                  |  |                             |  |
|          | Yes. Give specific information |                                  |  |                             |  |
|          |                                |                                  |  |                             |  |
|          |                                |                                  |  |                             | <del>_</del>                                   |
|          |                                |                                  |  |                             | <u> </u>                                       |
|          |                                |                                  |  |                             |  |
|          |                                |                                  |  |                             |  |
|          |                                |                                  |  |                             |  |
|          |                                |                                  |  |                             |  |
|          |                                |                                  | art 5, including any entries for page:   |                             |  |
| <b>•</b> | art o. write that humb         |                                  |  |                             |  |
| Part     | Describe Any F                 | arm- and Commercia               | ll Fishing-Related Property You          | Own or Have an Interest In. |  |
|          | If you own or have ar          | interest in farmland, list it ir | Part 1.                                  |                             |  |
| 46.      | Do you own or have a           | ny legal or equitable int        | erest in any farm- or commercial fisl    | ning-related property?      |  |
|          | No. Go to Part 7.              |                                  |  |                             | Current value of the                           |
|          | Yes. Go to line 47.            |                                  |  |                             | portion you own?  Do not deduct secured claims |
|          |                                | •                                |  |                             | or exemptions                                  |
| 47.      | Farm animals                   |                                  |  |                             |  |
|          | Examples: Livestock, p         | oultry, farm-raised fish         |  |                             |  |
|          | <b>√</b> No                    |                                  |  |                             |  |
|          | Yes. Describe                  |                                  |  |                             |  |
|          |                                |                                  |  |                             |  |
|          |                                |                                  |  |                             |  |

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| Debt         | tor 1 Elbert<br>First Name | E<br>Middle Name  | Melvin<br>Last Name  | Case number (if known)         |             |
|--------------|----------------------------|---|----------------------|--------------------------------|-------------|
| 48.          | Crops-either growing       | or harvested  |                      |                                |             |
|              | No Yes. Describe           |   |                      |                                |             |
| 49.          | Farm and fishing equi      | <br>pment, implements, machinery, fixtu                             | ures, and tools of t | trade                          |             |
|              | <b>✓</b> No                |   |                      |                                |             |
|              | Yes. Describe              |   |                      |                                |             |
| 50.          | Farm and fishing supp      | lies, chemicals, and feed   |                      |                                |             |
|              | <b>✓</b> No                |   |                      |                                |             |
|              | Yes. Describe              |   |                      |                                |             |
| 51.          | Any farm- and comme        | rcial fishing-related property you di                               | d not already list   |                                |             |
|              | <b>I</b> ✓ No              | •                             |                      |                                |             |
|              | Yes. Describe              |   |                      |                                |             |
|              |                            |   |                      |                                |             |
|              |                            | II of your entries from Part 6, includ                              |                      | r pages you have attached      |             |
| •            |                            |   |                      |                                |             |
|              |                            |   |                      |                                |             |
| Part 1       | 7: Describe All Pro        | perty You Own or Have an Inte                                       | rest in That You     | u Did Not List Above           |             |
| 53.          |                            | perty of any kind you did not already<br>s, country club membership | y list?              |                                |             |
|              | No No                      | s, country dub membership   |                      |                                |             |
|              | Yes. Give specific         |   |                      |                                |             |
|              | information                |   |                      |                                |             |
|              |                            |   |                      |                                |             |
| 54 A         | dd the dellar value of a   | Il of your ontrine from Part 7. Write t                             | that number here     |                                | •           |
| J4. A        | ud the dollar value of a   | ii oi your entiles iioiii Fait 7. Wille i                           | mat number nere      |                                |             |
|              |                            |   |                      |                                |             |
|              |                            |   |                      |                                |             |
|              | _                          |   |                      |                                |             |
| Part         | 8: List the Totals of      | f Each Part of this Form  |                      |                                | <del></del> |
| 55. <b>F</b> | Part 1: Total real estate  | e, line 2   |                      | <b>&gt;</b>                    |             |
| 56. <b>r</b> | oart 2 total vehicles, lin | ne 5  | \$2025.00            |                                |             |
| 57. <b>P</b> | art 3: Total personal a    | nd household items, line 15   | \$1485.00            |                                |             |
| 58. <b>P</b> | art 4: Total financial as  | ssets, line 36  | \$1525.00            |                                |             |
| 59. <b>F</b> | Part 5: Total business-r   | elated property, line 45  |                      |                                |             |
| 60. <b>F</b> | Part 6: Total farm- and    | fishing-related property, line 52                                   |                      |                                |             |
| 61. <b>F</b> | Part 7: Total other prop   | erty not listed, line 54  |                      |                                |             |
| 62. 1        | Total personal property    | . Add lines 56 through 61   | \$5035.00            | Copy personal property total ▶ | + \$5035.00 |
|              |                            |   |                      |                                | \$5035.00   |
| 63. <b>T</b> | otal of all property on S  | Schedule A/B. Add line 55 + line 62                                 |                      |                                | φ3033.00    |

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| Debtor 1               | Elbert                    | Е           | Melvin               |  |
|------------------------|---------------------------|-------------|----------------------|--|
|                        | First Name                | Middle Name | Last Name            |  |
| Debtor 2               |                           |             |                      |  |
| (Spouse, if filing)    | First Name                | Middle Name | Last Name            |  |
| United States E        | Bankruptcy Court for the: | Northern    | District of Illinois |  |
|                        |                           |             | (State)              |  |
| Case number (If known) |                           |             |                      |  |

#### Official Form 106C

#### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | t 1: Identify the Property You Clain   | n as Exempt   |   |                                    |  |  |  |  |
|----|--|---|---|------------------------------------|--|--|--|--|
| 1. | Which set of exemptions are you claimi You are claiming state and federal and You are claiming federal exemption | nonbankruptcy exemp   | otions. 11 U.S.C. § 522(b)(3)   |                                    |  |  |  |  |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below.               |   |   |                                    |  |  |  |  |
|    | Brief description of the property and line on Schedule A/B that lists this property                              | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption.                           | Specific laws that allow exemption |  |  |  |  |
|    | Brief description: Used Clothes Line from Schedule A/B: 11   | \$700.00  | \$700.00  100% of fair market value, up to any applicable statutory limit                           | 735 ILCS 5/12-1001(a)              |  |  |  |  |
|    | Brief description: Used furniture Line from Schedule A/B: 06   | \$370.00  | \$370.00  100% of fair market value, up to any applicable statutory limit                           | 735 ILCS 5/12-1001(b)              |  |  |  |  |
| 3. | ✓ No   | ery 3 years after that for  | 375? cases filed on or after the date of adjustment.) rithin 1,215 days before you filed this case? |                                    |  |  |  |  |

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Debtor 1 Elbert Е Melvin Case number (if known) Middle Name First Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you property Check only one box for each exemption. own Copy the value from Schedule A/B 735 ILCS 5/12-1001(b) Brief \$255.00 description: **✓** \$255.00 Used Electronics (1) TV 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$160.00 description: **✓** \$160.00 **Used Jewelry** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: Brief 735 ILCS 5/12-1001(b) \$1,000.00 description: **✓** \$1,000.00 Security deposit on 100% of fair market value, up to any rental unit, Landlord **Security Deposit** applicable statutory limit Line from Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$125.00 description: \$125.00 Checking account, Earth 100% of fair market value, up to any **Mover Bank** applicable statutory limit Line from Schedule A/B: Brief 735 ILCS 5/12-1001(b) \$400.00 description: \$400.00 Savings account, Earth 100% of fair market value, up to any **Mover Bank** applicable statutory limit Line from Schedule A/B: Brief 735 ILCS 5/12-1001(c); 735 ILCS \$500.00 5/12-1001(b) description: \$500.00; \$0.00 Dodge Dakota, 2002, 100% of fair market value, up to any 2002 Dodge Dakota (NOT RUNNING) applicable statutory limit Line from Schedule A/B: 735 ILCS 5/12-1001(c); 735 ILCS Brief \$1,525.00 5/12-1001(b) description: **V** \$1,525.00; \$0.00 **GMC Sonoma Regular** 100% of fair market value, up to any Cab, 1993, 1993 GMC applicable statutory limit Sonoma Regular Cab

Line from

Schedule A/B:

03

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|                        |                                   |                               |   | _  |                              |                                    |
|------------------------|-----------------------------------|-------------------------------|---|--|------------------------------|------------------------------------|
| Fill in this info      | ormation to identify your ca      | ase:                          |   |  |                              |                                    |
| Debtor 1               | Elbert                            | Е                             | Melvin  |  |                              |                                    |
|                        | First Name                        | Middle Name                   | Last Name   |  |                              |                                    |
| Debtor 2               |                                   |                               |   |  |                              |                                    |
| (Spouse, if filing)    | First Name                        | Middle Name                   | Last Name   |  |                              |                                    |
| United States          | Bankruptcy Court for the:         | Northern                      | District of Illinois  |  |                              |                                    |
|                        |                                   |                               | (State)   |  |                              |                                    |
| Case number (If known) | · .                               |                               |   |  |                              |                                    |
| Official               | Form 106D                         |                               |   | J  |                              | Check if this is an amended filing |
| Schedi                 | ule D: Credit                     | ors Who Hav                   | ve Claims Secure  | ed by Prop                                   | erty                         | 12/15                              |
| more space is          | -                                 |                               | eare filing together, both are equal<br>ber the entries, and attach it to t   | •  |                              |                                    |
| 1. Do any              | creditors have claims s           | ecured by your propert        | y?  |  |                              |                                    |
| ✓ No.                  | Check this box and subn           | nit this form to the court w  | ith your other schedules. You hav   | e nothing else to repo                       | rt on this form.             |                                    |
| Yes.                   | s. Fill in all of the information | n below.                      |   |  |                              |                                    |
| Part 1: List           | t All Secured Claims              |                               |   |  |                              |                                    |
| for each               |                                   | ditor has a particular claim, | ed claim, list the creditor separately list the other creditors in Part 2. As | Column A  Amount of claim  Do not deduct the | Column B Value of collateral | Column C Unsecured portion         |

this claim

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| Fill i                                 | n this inforr   | nation to identify your o   | ase:  |   |   |   |
|--|---|---|---|---|---|---|
| Deb                                    | tor 1   | Elbert  | Е   | Melvin  |   |   |
|  |   | First Name  | Middle Name   | Last Name   |   |   |
|  | tor 2<br>use, if filing)  | First Name  | Middle Nesses   | L ant Manna   |   |   |
| (Spo                                   | use, ii iiiiig)   | First Name  | Middle Name   | Last Name   |   |   |
| Unit                                   | ed States B   | ankruptcy Court for the:  | Northern  | District of Illinois  |   |   |
| 0                                      |   |   |   | (State)   |   |   |
| (If kn                                 | e number<br>own)  |   |   |   | <del></del>   |   |
| Off                                    | ficial F  | orm 106E/F  |   |   |   | Check if this is an amended filing  |
|  |   |   |   |   |   | <del>_</del>  |
| Sc                                     | chedu   | ile E/F: Cre  | editors Who   | Have Unsec  | cured Claims  | 12/15   |
| othe<br>Form<br>clain<br>the e<br>knov | r party to a<br>n 106A/B) a<br>ns that are<br>entries in th<br>vn). | nny executory contract<br>and on Schedule G: Exe<br>listed in Schedule D: C<br>ne boxes on the left. At | s or unexpired leases that<br>cutory Contracts and Une<br>Creditors Who Hold Claims | could result in a claim. A<br>expired Leases (Official Fo<br>Secured by Property. If n        | Also list executory contracts or<br>form 106G). Do not include an<br>nore space is needed, copy t | NONPRIORITY claims. List the on Schedule A/B: Property (Official y creditors with partially secured ne Part you need, fill it out, number ite your name and case number (if |
| 1.                                     | -   |   | secured claims against ye   | ou?   |   |   |
|  | <b>✓</b> No. 0  | Go to Part 2.   |   |   |   |   |
|  | Yes.  |   |   |   |   |   |
| 2.                                     | listed, ider<br>As much a<br>Continuati                             | itify what type of claim it<br>as possible, list the claims<br>on Page of Part 1. If mor                | is. If a claim has both priority  | y and nonpriority amounts,<br>ling to the creditor's name.<br>particular claim, list the othe | list that claim here and show be<br>If you have more than two prior<br>or creditors in Part 3.    | rately for each claim. For each claim oth priority and nonpriority amounts. rity unsecured claims, fill out the   |

Total

claim

Priority

amount

Nonpriority

amount

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| Debto   | or 1 Elbert E   | Melvin                   | Case number (if known)   |                   |  |
|---------|---|--------------------------|--|-------------------|--|
|         | First Name Middle Name  | Last Name                |  |                   |  |
| Part 2  | 2: List All of Your NONPRIORITY Unse  | cured Claims             |  |                   |  |
| [       | Do any creditors have nonpriority unsecured on No. You have nothing to report in this part Yes. |                          | e court with your other schedules.   |                   |  |
| u<br>It | unsecured claim, list the creditor separately for each  | ch claim. For each claim | er of the creditor who holds each claim. If a creditor has more<br>listed, identify what type of claim it is. Do not list claims already in<br>Part 3.If you have more than four priority unsecured claims fill ou | cluded in Part 1. |  |
|         |   |                          |  | Total claim       |  |
| 4.1     | AFNI Nonpriority Creditor's Name  |                          | Last 4 digits of account number  | \$331.60          |  |
|         | PO BOX 3097   |                          | When was the debt incurred?n/a   |                   |  |
|         | Number Street   |                          | As of the date you file, the claim is: Check all that apply.   |                   |  |
|         |   |                          | Contingent   |                   |  |
|         | BLOOMINGTON Illinois  | 61702                    | Unliquidated   |                   |  |
|         | City State  | Zip Code                 | Disputed   |                   |  |
|         | Who incurred the debt? Check one.  Debtor 1 only  |                          | Type of NONPRIORITY unsecured claim:   |                   |  |
|         | Debtor 2 only   |                          | Student loans  |                   |  |
|         | Debtor 1 and Debtor 2 only  |                          | Obligations arising out of a separation agreement or   |                   |  |
|         | At least one of the debtors and another   |                          | divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar  |                   |  |
|         | Check if this claim relates to a commun   | nity dobt                | debts  |                   |  |
|         | Is the claim subject to offset?   | mry debt                 | Other. Specify Collecting For -Direct TV   |                   |  |
|         | No Yes  |                          |  |                   |  |
| 4.2     | American Medical Collection Agency  |                          | Last 4 digits of account number  | \$919.92          |  |
|         | Nonpriority Creditor's Name<br>4 Westchester Plaza # Suite 110                                  |                          | When was the debt incurred?  |                   |  |
|         | Number Street   | _                        | As of the date you file, the claim is: Check all that apply.   |                   |  |
|         |   |                          | Contingent   |                   |  |
|         |   |                          | Unliquidated   |                   |  |
|         | Elmsford New York City State  | 10523<br>Zip Code        | Disputed   |                   |  |
|         | Who incurred the debt? Check one.   | •                        | Type of NONPRIORITY unsecured claim:   |                   |  |
|         | Debtor 1 only   |                          | Student loans  |                   |  |
|         | Debtor 2 only   |                          | Obligations arising out of a separation agreement or   |                   |  |
|         | Debtor 1 and Debtor 2 only  |                          | divorce that you did not report as priority claims   |                   |  |
|         | At least one of the debtors and another   |                          | Debts to pension or profit-sharing plans, and other similar debts  |                   |  |
|         | Check if this claim relates to a commun   | nity debt                | Other. Specify Debt  |                   |  |
|         | Is the claim subject to offset?   |                          |  |                   |  |
|         | ✓ No  |                          |  |                   |  |
| [. a]   | Yes ASSOCIATE RESOLUTION  |                          |  |                   |  |
| 4.3     | ARS ACCOUNT RESOLUTION Nonpriority Creditor's Name  |                          | Last 4 digits of account number 3688   | \$586.00          |  |
|         | 1643 HARRISON PKWY STE 1<br>Number Street   |                          | When was the debt incurred? 11/2013  |                   |  |
|         | Number Street   |                          | As of the date you file, the claim is: Check all that apply.   |                   |  |
|         | SUNRISE Florida   | 33323                    | Contingent   |                   |  |
|         | City State  | Zip Code                 | Unliquidated   |                   |  |
|         | Who incurred the debt? Check one.  Debtor 1 only  |                          | Disputed   |                   |  |
|         | Debtor 1 only  Debtor 2 only  |                          | Type of NONPRIORITY unsecured claim:   |                   |  |
|         | Debtor 1 and Debtor 2 only  |                          | Student loans  |                   |  |
|         | <u>'</u>  |                          | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |                   |  |
|         | At least one of the debtors and another   |                          | Debts to pension or profit-sharing plans, and other similar  |                   |  |
|         | Check if this claim relates to a commun   | nity debt                | debts  On Collection Collecting for  |                   |  |
|         | Is the claim subject to offset?  ✓ No   |                          | 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL  |                   |  |
|         | Ves   |                          | Other. Specify PAYMENT DATA  |                   |  |

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Melvin Debtor 1 Elbert E Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 Chase Bank \$125.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P.O. Box 659732 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 78265 City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt NSF Other. Specify \_\_ Is the claim subject to offset? **✓** No Yes ComEd \$300.00 4.5 Last 4 digits of account number \_ Nonpriority Creditor's Name PO Box 6111 When was the debt incurred? n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Carol Stream Illinois 60197 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_ Debt **V** Is the claim subject to offset? **✓** No Yes COMMONWEALTH FINANCIAL 4.6 \$1,243.00 Last 4 digits of account number 86N1 Nonpriority Creditor's Name When was the debt incurred? 10/2014 245 Main St Number Street As of the date you file, the claim is: Check all that apply. Contingent Pennsylvania 18519 Scranton Unliquidated City Zip Code State Disputed Who incurred the debt? Check one. Debtor 1 only  $\overline{}$ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? **V** ORIGINAL CREDITOR: MEDICAL **✓** No Other. Specify \_ PAYMENT DATA

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Melvin Debtor 1 Elbert E Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 Direct T.V \$400.00 Last 4 digits of account number Nonpriority Creditor's Name Po Box 5007 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60197 Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify \_\_\_ Debt Is the claim subject to offset? **✓** No Yes **Dreyer Medical Clinic** \$2,000.00 4.8 Last 4 digits of account number \_ Nonpriority Creditor's Name 4100 Healthway Dr When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Aurora Illinois 60504 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_ Medical Is the claim subject to offset? **✓** No Yes LOU HARRIS COMPANY \$13,477.00 Last 4 digits of account number 5184 Nonpriority Creditor's Name 3/2013 When was the debt incurred? 613 ACADEMY DR Number Street As of the date you file, the claim is: Check all that apply. Contingent NORTHBROOK 600622420 Illinois Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only  $\overline{}$ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? **V** ORIGINAL CREDITOR: MEDICAL **✓** No Other. Specify \_ PAYMENT DATA

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Melvin Debtor 1 Elbert Е Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 Nicor - PO Box 5407 \$200.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 5407 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60197 Carol Stream Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify \_\_\_ Debt Is the claim subject to offset? **✓** No Yes Old Second National Bank 4.11 \$600.00 Last 4 digits of account number \_ Nonpriority Creditor's Name 37 S River street When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Aurora Illinois 60506 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt NSF Other. Specify \_\_\_ Is the claim subject to offset? **✓** No Yes 4.12 Presbrey & Associates \$400.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 21 West Galena Boulevard n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60506 Aurora Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_ Debt Is the claim subject to offset? **✓** No

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Melvin Case number (if known) Debtor 1 Elbert Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 Provena Mercy Hospital Aurora \$50,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 1325 N Highland Ave Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60506 Aurora Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ Medical Is the claim subject to offset? **✓** No Yes 4.14 Rush Copley \$10,000.00 Last 4 digits of account number \_ Nonpriority Creditor's Name When was the debt incurred? 2000 Ogden Ave. n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Aurora Illinois 60504 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_ Medical Is the claim subject to offset? **✓** No

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|  | Elbert<br>First Name              |                                     | E<br>Middle Name                                   | Melvin<br>Last Name                   | Case number (if known)   |   |
|--|-----------------------------------|-------------------------------------|--|---------------------------------------|--|---|
| rt 3:  | List Others to                    | Be Notified A                       | bout a Debt That Yo                                | ou Already Listed                     | d  |   |
| colle  | ection agency is ection agency he | trying to colle<br>re. Similarly, i | ct from you for a debt y<br>f you have more than o | ou owe to someone ne creditor for any | for a debt that you already listed in Parts 1 or 2. For example, if a ne else, list the original creditor in Parts 1 or 2, then list the y of the debts that you listed in Parts 1 or 2, list the additional lebts in Parts 1 or 2, do not fill out or submit this page. |   |
| Tran<br>Name                                   | nsworld<br>e                      |                                     |  | On which entry                        | y in Part 1 or Part 2 did you list the original creditor?  |   |
|  | 5 Brookside Pkwy<br>nber Street   | ,                                   |  | Line 4.11                             | of (Check one):  Part 1: Creditors with Priority Unsecured Claims  ✓ Part 2: Creditors with Nonpriority Unsecured Claims   |   |
| Atlar<br>City                                  |                                   | Georgia<br>State                    | 30339<br>Zip Code                                  | Last 4 digits of a                    | faccount number  |   |
|  | Cloud & Willis, LLC<br>Name       |                                     |  | On which entry                        | y in Part 1 or Part 2 did you list the original creditor?  | _ |
| 201 Beacon Parkway West # 400<br>Number Street |                                   |                                     |  | Line 4.11                             | of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims   |   |
| Birm<br>City                                   | ningham                           | Alabama<br>State                    | 35209<br>Zip Code                                  | Last 4 digits of a                    | f account number   |   |

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Debtor 1 Elbert Melvin Case number (if known) Middle Name First Name Last Name Part 4: Add the Amounts for Each Type of Unsecured Claim Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 Total claims 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the government \$0.00 6c. Claims for death or personal injury while you were intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$0.00 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$0.00 **Total claims** 6f. Student loans from Part 2 \$0.00 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims \$0.00 6h. Debts to pension or profit-sharing plans, and other similar

6i. Other. Add all other nonpriority unsecured claims. Write

that amount here.

6j. Total. Add lines 6f through 6i.

\$80,582.52

\$80,582.52

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| Fill in this information to identify your case: |            |             |                              |   |  |  |  |  |
|---|------------|-------------|------------------------------|---|--|--|--|--|
| Debtor 1  | Elbert     | E           | Melvin                       |   |  |  |  |  |
|   | First Name | Middle Name | Last Name                    | _ |  |  |  |  |
| Debtor 2  |            |             |                              |   |  |  |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name                    | _ |  |  |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois (State) |   |  |  |  |  |
| Case number                                     |            |             | (Otato)                      |   |  |  |  |  |

#### Official Form 106G

| П | Check if this is an |
|---|---------------------|
|   | amended filing      |

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or comp          | pany with whom you have | the contract or lease | State what the contract or lease is for                   |
|-----|-------------------------|-------------------------|-----------------------|---|
| 2.1 | Rayford, George<br>Name | 9                       |                       | Residential Lease, Debtor is Lessee, Month to month lease |
|     | 1206 Dearborn<br>Number | Street                  |                       |   |
|     | Aurora<br>City          | Illinois<br>State       | 60505<br>Zip Code     |   |

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| Fill in Alain                |   |                                 |                            |                       |                                |                                    |
|------------------------------|---|---------------------------------|----------------------------|-----------------------|--------------------------------|------------------------------------|
| FIII IN THIS I               | nformation to identify your                                 | case:                           |                            |                       |                                |                                    |
| Debtor 1                     | Elbert  | E                               | Melvin                     |                       |                                |                                    |
| Dalatawo                     | First Name  | Middle Name                     | Last Name                  |                       |                                |                                    |
| Debtor 2<br>(Spouse, if fili | ng) First Name  | Middle Name                     | Last Name                  |                       |                                |                                    |
| United Sta                   | tes Bankruptcy Court for the                                | : Northern                      | District of Illinois       |                       |                                |                                    |
| Case num                     | ber   |                                 | (State)                    |                       |                                |                                    |
|                              |   |                                 |                            |                       |                                | Check if this is an amended filing |
| Officia                      | al Form 106H  |                                 |                            |                       |                                |                                    |
| Sched                        | ule H: Your Co  | debtors                         |                            |                       |                                | 12/15                              |
| 1. Do yo                     | uswer every question.  u have any codebtors? (If y  No  Yes | you are filing a joint case, do | not list either spouse as  | a codebtor.)          |                                |                                    |
|                              | n the last 8 years, have you<br>, Louisiana, Nevada, New Me |                                 |                            |                       | perty states and territories i | nclude Arizona, California,        |
| ▎▐૽                          | No. Go to line 3.<br>Yes. Did your spouse, form<br>Mo       | ner spouse, or legal equiva     | alent live with you at the | time?                 |                                |                                    |
| Ī                            | Yes. In which commun  | nity state or territory did yo  | u live?                    | Fill in the nam       | e and current address of t     | hat person.                        |
|                              | Name of your spouse,  | former spouse, or legal equ     | ivalent                    |                       |                                |                                    |
|                              | Number Street   |                                 |                            |                       |                                |                                    |
|                              | City  | State                           | Zip C                      | ode                   |                                |                                    |
| 3. In Col                    | umn 1, list all of your code                                | ebtors. Do not include you      | r spouse as a codebto      | r if your spouse is f | iling with you. List the p     | person shown in line 2             |

again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

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|   |   | 50   | oamone                | . ago oo         |                     |                                   |                          |
|---|---|--|-----------------------|------------------|---------------------|-----------------------------------|--------------------------|
| Fill in this                              | information to identify                                 | your case:   |                       |                  |                     |                                   |                          |
| Debtor 1                                  | Elbert  | E  | Melvir                | 1                |                     |                                   |                          |
|   | First Name  | Middle Name  | Last N                | ame              | — Che               | eck if this is:                   |                          |
| Debtor 2<br>(Spouse, if fili              | ng) First Name  | Middle Name  | Last N                | amo              | -                   | An amended filing                 |                          |
|   |   |  |                       |                  |                     | A supplement showing              | oost-petition chapter 13 |
| United State<br>the:                      | es Bankruptcy Court for                                 | Northern   | District of Illi      | inois<br>State)  |                     | expenses as of the follo          |                          |
| Case numb                                 | er  |  |                       |                  | _                   |                                   |                          |
| (If known)                                |   |  |                       |                  |                     | MM / DD / YYYY                    |                          |
| Officia                                   | l Form 106I   |  |                       |                  |                     |                                   |                          |
| Sched                                     | ule I: Your In  | come   |                       |                  |                     |                                   | 12/15                    |
| information<br>spouse. If r<br>number (if | n about your spouse. I                                  |  | d your spous          | se is not filing | with you, do        | not include informat              | ion about your           |
| 1. Fill in y                              | our employment  |  | Debtor 1              |                  |                     | Debtor 2                          |                          |
| informa                                   | ition.  | Employment status  |                       |                  |                     | Employed                          |                          |
|   | ave more than one job,<br>separate page with            |  | Emplo                 | nployed          |                     | Not Employed                      |                          |
| informa                                   | tion about additional                                   |  | _                     | прюуса           |                     | Trot Employed                     |                          |
| employe                                   |   | Occupation Mechanic                                      |                       | chanic           |                     |                                   |                          |
|   | part time, seasonal, or<br>oloyed work.                 | Employer's name  | Radiac Ab             | rasives          |                     |                                   |                          |
|   | tion may include student                                | Employer's address                                       |                       | all Point Dr     |                     | <u> </u>                          |                          |
|   | emaker, if it applies.                                  |  | Number St             | reet             |                     | Number Street                     |                          |
|   |   |  |                       |                  |                     |                                   |                          |
|   |   |  | Oswego                | Illinois         | 60543               |                                   | _                        |
|   |   |  | City                  | State            | Zip Code            | City                              | State Zip Code           |
|   |   | How long employed there?                                 |                       |                  |                     |                                   |                          |
| Part 2: 0                                 | Give Details About N                                    | Monthly Income   |                       |                  |                     |                                   |                          |
| r dite 24                                 | are betails About it                                    | monthly moonie   |                       |                  |                     |                                   |                          |
|   | monthly income as of t<br>less you are separated.       | the date you file this form                              | <b>n.</b> If you have | nothing to repo  | ort for any line, v | write \$0 in the space. In        | clude your non-filing    |
|   | our non-filing spouse have<br>ce, attach a separate she | e more than one employer,<br>et to this form.            | , combine the         | information for  | all employers fo    | •                                 | es below. If you need    |
|   |   |  |                       | For              | Debtor 1            | For Debtor 2 or non-filing spouse |                          |
|   |   | ary, and commissions (before, calculate what the monthly |                       | 2.               | \$4,160.00          |                                   | _                        |
| 3. Estim                                  | ate and list monthly ove                                | rtime pay.   |                       | 3.               | + \$0.00            |                                   | <u> </u>                 |
| 4. Calcu                                  | ı <b>late gross income.</b> Add li                      | ine 2 + line 3.  |                       | 4.               | \$4,160.00          | _                                 |                          |

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| Debtor 1Elber                | E  | Melvin                             |           | Case number              | er <i>(if</i>                     |       |                        |
|------------------------------|--|------------------------------------|-----------|--------------------------|-----------------------------------|-------|------------------------|
| First I                      | lame Middle Name   | Last Name                          |           | known) For Debtor 1      | For Debtor 2 or non-filing spouse |       |                        |
| Copy line 4                  | here   | <b>→</b> 4                         |           | \$4,160.00               | <b>3 -p</b>                       | i     |                        |
|                              | oll deductions:  |                                    | -         |                          |                                   |       |                        |
|                              | dicare, and Social Security deductions   | 5                                  | a.        | \$1,111.24               |                                   |       |                        |
|                              | ory contributions for retirement plans   |                                    | b.        | \$0.00                   | -                                 |       |                        |
|                              | ry contributions for retirement plans  |                                    | С.        | \$0.00                   |                                   |       |                        |
|                              | d repayments of retirement fund loans  |                                    | d.        | \$0.00                   |                                   |       |                        |
| 5e. Insuran                  | • •  |                                    | e.        | \$112.67                 |                                   |       |                        |
|                              | c support obligations  |                                    | f.        | \$0.00                   |                                   |       |                        |
| 5g. Union o                  |  |                                    | g.        | \$0.00                   |                                   |       |                        |
|                              | eductions. Specify:  |                                    | h. +      | \$0.00                   |                                   |       |                        |
|                              | roll deductions. Add lines 5a + 5b + 5c +  |                                    | -         | \$1,223.91               | ·                                 |       |                        |
| +5h.                         | Toll deductions. Add lines 3a + 3b + 3c +  | 34 + 36 +31 + 3g 0                 | -         | Ψ1,223.91                |                                   |       |                        |
| 7. Calculate to              | otal monthly take-home pay. Subtract line  | e 6 from line 4. 7                 |           | \$2,936.09               |                                   |       |                        |
| 8. List all other            | r income regularly received:   |                                    |           |                          |                                   |       |                        |
|                              | ome from rental property and from oper<br>s, profession, or farm   | ating a                            |           |                          |                                   |       |                        |
| gross re                     | statement for each property and business ceipts, ordinary and necessary business exp   |                                    |           |                          |                                   |       |                        |
|                              | monthly net income.  |                                    | a.        | \$0.00                   |                                   |       |                        |
| 8b. Interes                  | and dividends  | 8                                  | b.        | \$0.00                   |                                   |       |                        |
| depend                       | support payments that you, a non-filing ent regularly receive  |                                    |           |                          |                                   |       |                        |
|                              | alimony, spousal support, child support, m<br>settlement, and property settlement.   |                                    | c         | \$0.00                   |                                   |       |                        |
| 8d. Unemp                    | oyment compensation  | 8                                  | d.        | \$0.00                   |                                   |       |                        |
| 8e. Social S                 | ecurity  | 8                                  | e.        | \$0.00                   |                                   |       |                        |
| Include cash assunder th     | overnment assistance that you regularly<br>eash assistance and the value (if known) of<br>istance that you receive, such as food stam<br>a Supplemental Nutrition Assistance Progra<br>subsidies | any non-<br>nps (benefits<br>m) or | f.        | \$0.00                   |                                   |       |                        |
| 8g. Pensio                   | or retirement income   | <del></del>                        | g.        | \$0.00                   |                                   |       |                        |
| 8h. Other r                  | nonthly income. Specify:   | 8                                  | h. +      | \$0.00                   | +                                 |       |                        |
| 9. Add all othe              | r income Add lines 8a + 8b + 8c + 8d + 8   | e + 8f +8g + 8h. 9                 | . [       | \$0.00                   |                                   | ]     |                        |
|                              | nonthly income. Add line 7 + line 9.<br>ies in line 10 for Debtor 1 and Debtor 2 or  |                                    | 0.        | \$2,936.09               | +                                 | ] = [ | \$2,936.09             |
| Include con<br>friends or re | ther regular contributions to the expension of the contributions from an unmarried partner, membatives.  de any amounts already included in lines 2  | bers of your household             | , your d  | ependents, your room     |                                   | 1 1   |                        |
| Specify:                     |  |                                    |           |                          |                                   | 11. + | \$0.00                 |
| 12. Add the ai               | nount in the last column of line 10 to th  | e amount in line 11.               | he resu   | It is the combined mor   | nthly income.                     | 12.   |                        |
| Write that ar                | nount on the <i>Summary of Schedules and S</i>   | Statistical Summary of C           | Certain L | iabilities and Related D | ata, if it applies                |       | \$2,936.09<br>Combined |
| 12 <b>Do</b>                 | oot on ingresses or decrease with in the   | voor ofter von file 11:            | o fo      |                          |                                   |       | monthly income         |
| No.                          | ect an increase or decrease within the   | year arrer you file thi            | s iorm?   |                          |                                   |       |                        |
|                              | debtor's company has cut hours   | no more OT allowed                 | Droppir   | a to 40 hours per wee    | ek                                |       | <del></del>            |
| Yes. E                       |  | ,                                  | opp       | ig to notice per wee     | •••                               |       |                        |

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|                                 |                                  | Docu  | ment Page 35 of 6  | 3                                   |   |
|---------------------------------|----------------------------------|---|--|-------------------------------------|---|
| Fill in this infor              | mation to identify your          | case:   |  |                                     |   |
| Debtor 1                        | Elbert<br>First Name             | E<br>Middle Name  | Melvin<br>Last Name  |                                     |   |
| Debtor 2<br>(Spouse, if filing) | First Name                       | Middle Name   | Last Name  | Check if this is:  An amended filir | ng  |
| United States E                 | Bankruptcy Court for the         |   | District of Illinois (State)   |                                     | nowing post-petition chapter 13 the following date: |
| Case number<br>(If known)       |                                  |   | (State)  | MM / DD / YYYY                      | <u>,                                      </u>      |
| Official                        | Form 106J                        |   |  |                                     |   |
| Schedul                         | e J: Your Exp                    | penses  |  |                                     | 12/1  |
| information. If (if known). Ans | •                                | , attach another sheet to this                                | re filing together, both are equal<br>form. On the top of any addition |                                     |   |
| Part 1: Des                     |                                  | <u>ли</u>   |  |                                     |   |
|                                 | to line 2                        |   |  |                                     |   |
| Yes. Do                         | oes Debtor 2 live in a           | separate household?   |  |                                     |   |
|                                 | No Debter 2 must be              | file Official Forms 106 L 2 Evper                             | agga for Congreta Hayaahald of Dobl                                    | tor 2                               |   |
| 2. Do you how                   | <b>-</b>                         | No  | ses for Separate Household of Deb                                      | 101 2.                              |   |
| Do not list D Debtor 2.         | Debtor 1 and                     | Yes. Fill out this information for each dependent             | Dependent's relationship to<br>Debtor 1 or Debtor 2                    | Dependent's age                     | Does dependent live with you?                       |
|                                 | penses include<br>f people other | No  |  |                                     |   |
| yourself and<br>dependents      | u youi                           | Yes   |  |                                     |   |
| Part 2: Estin                   | mate Your Ongoing                | Monthly Expenses  |  |                                     |   |
| _                               | of a date after the ban          |   | rou are using this form as a supp<br>plemental Schedule J, check th    | •                                   |   |
|                                 | •                                | cash government assistance i<br>it on Schedule I: Your Income | -  |                                     | Your expenses                                       |
|                                 | l or home ownership e            | xpenses for your residence. In                                | clude first mortgage payments and                                      |                                     | \$1,100.00  |

\$0.00

\$29.00

\$0.00

\$0.00

4a

4b.

4c.

4d.

If not included in line 4: 4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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Debtor 1 Elbert E Melvin Case number (if known)
First Name Middle Name Last Name

| FIISTINAITIE  | MIDDIE Name  |            |               |
|---|--|------------|---------------|
|   |  |            | Your expenses |
| 5. Additional mortgage payme                                      | ents for your residence, such as home equity loans   | 5.         | \$0.00        |
| 6. Utilities:   |  |            |               |
| 6a. Electricity, heat, natural ga                                 | as   | 6a.        | \$226.00      |
| 6b. Water, sewer, garbage co                                      | llection   | 6b.        | \$69.00       |
| 6c. Telephone, cell phone, In                                     | ternet, satellite, and cable services  | 6c.        | \$280.00      |
| 6d. Other. Specify:   |  | 6d         | \$0.00        |
| 7. Food and housekeeping sup                                      | pplies   | 7.         | \$400.00      |
| 8. Childcare and children's ed                                    | ucation costs  | 8.         | \$0.00        |
| 9. Clothing, laundry, and dry o                                   | leaning  | 9.         | \$150.00      |
| 10. Personal care products ar                                     | nd services  | 10.        | \$125.00      |
| 11. Medical and dental expen                                      | ses  | 11.        | \$102.00      |
| 12. <b>Transportation.</b> Include gas Do not include car payment |  | 12.        | \$360.00      |
| 13. Entertainment, clubs, recr                                    | eation, newspapers, magazines, and books   | 13.        | \$0.00        |
| 14. Charitable contributions a                                    | nd religious donations   | 14.        | \$0.00        |
| 15. <b>Insurance.</b> Do not include insurance dec                | lucted from your pay or included in lines 4 or 20.   |            |               |
| 15a. Life insurance   |  | 15a        | \$0.00        |
| 15b. Health insurance   |  | 15b        | \$0.00        |
| 15c. Vehicle insurance  |  | 15c        | \$101.00      |
| 15d. Other insurance. Specify                                     | / <u>·</u>   | 15d        | \$0.00        |
| 16. Taxes. Do not include taxes                                   | deducted from your pay or included in lines 4 or 20.   |            |               |
| Specify:  |  | 16         | \$0.00        |
| 17. Installment or lease paym                                     | ents:  | 10         |               |
| 17a. Car payments for Vehicl                                      |  | 17a        | \$0.00        |
| 17b. Car payments for Vehicl                                      | e 2  | 17b        | \$0.00        |
| 17c. Other. Specify:  |  | 17c        | \$0.00        |
|   |  | 17d        | \$0.00        |
|   | , maintenance, and support that you did not report as deducted from  |            | \$0.00        |
|   | ıle I, Your Income (Official Form 106I).   | 18.        |               |
| , , ,   | to support others who do not live with you.  |            |               |
| Specify:  | and the live of the form of the Control of the cont | 19.        | \$0.00        |
| 20. Other real property expens 20a. Mortgages on other pro        | es not included in lines 4 or 5 of this form or on Schedule I: Your Income.  | 20a        | \$0.00        |
| 20b. Real estate taxes.   | r - <b>7</b>   | 20a<br>20b | \$0.00        |
| 20c. Property, homeowner's,                                       | or renter's insurance  | 200<br>20c | \$0.00        |
| 20d. Maintenance, repair, and                                     |  | 20d        | \$0.00        |
| 20e. Homeowner's association                                      |  | 20a<br>20e | \$0.00        |
|   |  | 206        | <u> </u>      |

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| Debtor 1 Elber        |                              | Е                   | Melvin   | Case number (if known) |     |             |
|-----------------------|------------------------------|---------------------|--|------------------------|-----|-------------|
|                       | Name                         | Middle Name         | Last Name  |                        |     |             |
| 21. <b>Other.</b> Spe | ecify:                       |                     |  |                        | 21  | \$0.00      |
|                       |                              |                     |  |                        |     |             |
|                       | your monthly expenses.       |                     |  |                        |     | \$2,942.00  |
|                       | nes 4 through 21.            |                     |  |                        |     | \$0.00      |
| . ,                   | line 22 (monthly expenses    |                     |  | \$2,942.00             |     |             |
|                       | ne 22a and 22b. The resul    |                     |  | 22.                    |     |             |
| 23. Calculate         | your monthly net income      | е.                  |  |                        |     |             |
| 23a. Copy             | line 12 (your combined m     | onthly income) from | Schedule I.  |                        | 23a | \$2,936.09  |
| 23b. Copy             | your monthly expenses from   |                     | 23b  | \$2,942.00             |     |             |
|                       | act your monthly expenses    |                     |  | (\$5.91)               |     |             |
| Then                  | esult is your monthly net in | ncome.              |  |                        | 23c | <del></del> |
|                       |                              |                     | loan within the year or do y<br>modification to the terms of |                        |     |             |

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| Fill in this infor  | Fill in this information to identify your case: |             |                              |  |  |  |  |  |
|---------------------|---|-------------|------------------------------|--|--|--|--|--|
| Debtor 1            | Elbert  | E           | Melvin                       |  |  |  |  |  |
|                     | First Name                                      | Middle Name | Last Name                    |  |  |  |  |  |
| Debtor 2            |   |             |                              |  |  |  |  |  |
| (Spouse, if filing) | First Name                                      | Middle Name | Last Name                    |  |  |  |  |  |
| United States E     | Bankruptcy Court for the:                       | Northern    | District of Illinois (State) |  |  |  |  |  |
| Case number         |   |             | (                            |  |  |  |  |  |

### Official Form 106Dec

### Check if this is an amended filing

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | Sign Below   |   |
|-----|--|---|
|     | Did you pay or agree to pay someone who is NOT an attorney to    | help you fill out bankruptcy forms?   |
|     | <b>✓</b> No  |   |
|     | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|     |  |   |
|     |  |   |
|     | Under penalty of perjury, I declare that I have read the summary | and schedules filed with this declaration and   |
|     | that they are true and correct.                                  |   |
| X   | /s/ Elbert Melvin  | <b>x</b>  |
|     | Signature of Debtor 1  | Signature of Debtor 2   |
|     | Date 6/13/2017   | Date  |
|     | MM/DD/YYYY   | MM/DD/YYYY  |

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| Fill in         | n this info            | rmation to identify your o  | case:                            |                          |                                |                  |                   |                                   |
|-----------------|------------------------|---|----------------------------------|--------------------------|--------------------------------|------------------|-------------------|-----------------------------------|
| Debt            | or 1                   | Elbert<br>First Name  | E<br>Middle I                    | Melvin<br>Name Last N    |                                | -                |                   |                                   |
| Debt<br>(Spou   | or 2<br>se, if filing) | First Name  | Middle I                         | Name Last N              | lame                           | _                |                   |                                   |
| Unite           | ed States              | Bankruptcy Court for the:   |                                  | District of II           |                                | _                |                   |                                   |
| Case<br>(If kno | number<br>wn)          |   |                                  | (\$                      | State)                         | _                |                   |                                   |
| Off             | ficial                 | Form 107  |                                  |                          |                                |                  |                   | Check if this is a amended filing |
|                 |                        | ent of Financia   | al Δffaire f                     | or Individual            | s Filina fa                    | or Bankru        | intev             | 04/1                              |
| Be as           | s comple<br>mation.    | ete and accurate as po<br>If more space is neede<br>nown). Answer every q               | ssible. If two med, attach a sep | arried people are filir  | ng together, bo                | th are equally i | responsible for s | supplying correct                 |
| Part            | 1: Giv                 | e Details About Your  | Marital Status                   | and Where You Liv        | ed Before                      |                  |                   |                                   |
| 1.              | What is                | s your current marital st   | atus?                            |                          |                                |                  |                   |                                   |
|                 |                        | arried<br>ot married  |                                  |                          |                                |                  |                   |                                   |
| 2.              | During                 | the last 3 years, have yo   | ou lived anywhere                | e other than where you   | ı live now?                    |                  |                   |                                   |
|                 | ✓ No                   | os. List all of the places yo   | ou lived in the las              | t 3 years. Do not includ | le where you live              | e now.           |                   |                                   |
|                 | De                     | ebtor 1:  |                                  | Dates Debtor 1 live      | d Debtor 2:                    |                  |                   | Dates Debtor 2 lived there        |
|                 |                        |   |                                  |                          | Same                           | as Debtor 1      |                   | Same as Debtor 1                  |
|                 | Nu                     | mber Street   |                                  | From<br>To               | Number St                      | treet            |                   | From<br>To                        |
|                 | Cit                    | y State   | Zip Code                         |                          | City                           | State            | Zip Code          |                                   |
|                 |                        |   |                                  |                          | Same                           | as Debtor 1      |                   | Same as Debtor 1                  |
|                 | Nu                     | mber Street   |                                  | From                     | Number St                      | treet            |                   | From                              |
|                 | Cit                    | y State   | Zip Code                         |                          | City                           | State            | Zip Code          |                                   |
|                 | and territo            | ne last 8 years, did you e<br>ories include Arizona, Califo<br>Make sure you fill out S | ornia, Idaho, Louis              | siana, Nevada, New Mex   | ico, Puerto Rico, <sup>-</sup> |                  |                   |                                   |

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| Deb  | tor 1                           | Elbert E  | Melvin  |   | umber (if known)                                       |   |
|------|---------------------------------|---|---|---|--|---|
|      |                                 | First Name Middle   | e Name Last Nam   | ne  |  |   |
| Part | 2:                              | Explain the Sources of Your Inc   | come  |   |  |   |
| 4.   | Fill i                          | you have any income from employm<br>n the total amount of income you receiv<br>vities. If you are filing a joint case and you<br>No<br>Yes. Fill in the details.  | ved from all jobs and all busir   | nesses, including part-time   |  | rs?   |
|      |                                 |   | Debtor 1  |   | Debtor 2   |   |
|      |                                 |   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)                               | Sources of income<br>Check all that apply.             | Gross income<br>(before deductions and<br>exclusions)                     |
|      |                                 | om January 1 of current year until<br>e date you filed for bankruptcy:  | Wages, commissions, bonuses, tips Operating a business  | \$5910.00   | Wages, commissions, bonuses, tips Operating a business |   |
|      |                                 | or last calendar year: anuary 1 to December 31, 2016 ) YYYY   | Wages, commissions, bonuses, tips Operating a business  | \$1106.87   | Wages, commissions, bonuses, tips Operating a business |   |
|      |                                 | or the calendar year before that:<br>anuary 1 to December 31, 2015 )<br>YYYY  | Wages, commissions, bonuses, tips Operating a business  | \$2347.75   | Wages, commissions, bonuses, tips Operating a business |   |
|      | Inclu<br>publ<br>filing<br>List | you receive any other income during ide income regardless of whether that in ic benefit payments; pensions; rental in a joint case and you have income that each source and the gross income from No  Yes. Fill in the details. | ncome is taxable. Examples o<br>come; interest; dividends; mo<br>you received together, list it o | f other income are alimony; oney collected from lawsuits; only once under Debtor 1. | royalties; and gambling and lott                       |   |
|      |                                 |   | Debtor 1  |   | Debtor 2   |   |
|      |                                 |   | Sources of income<br>Describe below.  | Gross income from<br>each source<br>(before deductions<br>and exclusions)           | Sources of income<br>Describe below.                   | Gross income from<br>each source<br>(before deductions and<br>exclusions) |
|      |                                 | rom January 1 of current year until<br>ne date you filed for bankruptcy:  |   |   |  |   |
|      |                                 | or last calendar year: lanuary 1 to December 31, 2016 )  YYYYY  |   |   |  |   |
|      |                                 | or the calendar year before that:<br>lanuary 1 to December 31, 2015 )<br>YYYY   |   |   |  |   |
|      |                                 |   |   |   |  |   |

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Melvin Debtor 1 Elbert Case number (if known) Middle Name First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors

Other

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| or '            | 1 Elbert                                |  | E  | Me  | elvin  | Case number                                  | (if known)  |
|-----------------|---|--|--|---|--|--|---|
|                 | First Name                              |  | Middle Name  | Las                                       | st Name                                      |  |   |
| nsi<br>or<br>ge | iders include your<br>porations of whic | r relatives; a<br>h you are a<br>for a busin | any general partner<br>an officer, director,<br>ness you operate a | s; relatives of any<br>person in control, | general partners; part<br>or owner of 20% or | tnerships of which y<br>more of their voting | who was an insider? you are a general partner; g securities; and any managing r domestic support obligations, |
| <b>✓</b>        | No                                      |  |  |   |  |  |   |
|                 | Yes. List all pay                       | yments to a                                  | an insider.  | Dates of                                  | Total amount                                 | Amount you                                   | Reason for this payment   |
|                 |   |  |  | payment                                   | paid   | still owe                                    |   |
|                 | Insider's Name                          |  |  |   |  |  |   |
|                 | Number Street                           |  |  |   |  |  |   |
|                 | City                                    | State  | Zip Code   |   |  |  |   |
|                 | Insider's Name                          |  |  |   |  |  |   |
|                 | Number Street                           |  |  |   |  |  |   |
|                 |   |  |  |   |  |  |   |
|                 | City                                    | State  | Zip Code   |   |  |  |   |
|                 | No                                      | _  | aranteed or cosigne  | •   | Total amount paid                            | Amount you still owe                         | Reason for this payment  Include creditor's name  |
|                 | Insider's Name                          |  |  |   | ·  |  |   |
|                 | Number Street                           |  |  |   |  |  |   |
|                 | City                                    | State  | Zip Code   |   |  |  |   |
|                 | Insider's Name                          |  |  |   | ·  |  |   |
|                 | Number Street                           |  |  |   |  |  |   |
|                 |   |  |  |   |  |  |   |
|                 | City                                    | State  | Zip Code   |   |  |  |   |

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Debtor 1 Elbert Melvin Case number (if known) Middle Name First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No **V** Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| Debt | tor 1 Elbert First Name | E<br>Middle Name  | Melvin<br>Last Name            | Case number (if known)                        |                       |
|------|-------------------------|---|--------------------------------|---|-----------------------|
| 11.  |                         |   |                                | ank or financial institution, set off any amo | ounts from your       |
|      | accounts or refus       | se to make a payment because  | you owed a debt?               | · · · · · · · · · · · · · · · · · · ·         |                       |
|      | <b>✓</b> No             |   |                                |   |                       |
|      | Yes. Fill in the        | e details.  |                                |   |                       |
|      |                         |   | Describe the action th         | e creditor took Date action was taken         | Amount                |
|      |                         |   | _                              |   | <u> </u>              |
|      | Creditor's Nar          | ne  |                                |   |                       |
|      | Number Stre             | et  | _                              |   |                       |
|      |                         |   | _ Last 4 digits of account     | number: XXXX-                                 |                       |
|      |                         |   |                                |   |                       |
|      | City                    | State Zip Code  | <del>_</del>                   |   |                       |
| 12.  |                         | ore you filed for bankruptcy, was<br>er, a custodian, or another offici |                                | possession of an assignee for the benefit o   | f creditors, a court- |
|      | <b>√</b> No             |   |                                |   |                       |
|      | Yes                     |   |                                |   |                       |
|      | <u> </u>                |   |                                |   |                       |
| Part | 5: List Certain         | Gifts and Contributions   |                                |   |                       |
| 13.  | Within 2 years be       | efore you filed for bankruptcy, d                                       | id you give any gifts with a t | otal value of more than \$600 per person?     |                       |
|      | <b>√</b> No             |   |                                |   |                       |
|      |                         | e details for each gift.  |                                |   |                       |
|      | Gifts with a t          | total value of more than \$600  | Describe the gifts             | Dates you gave the gifts                      | Value                 |
|      |                         |   |                                | giille  |                       |
|      | Person to Wh            | om You Gave the Gift  | _                              |   | -                     |
|      |                         |   | _                              |   |                       |
|      | Number Stre             | et .  | _                              |   |                       |
|      |                         |   | _                              |   |                       |
|      | City                    | State Zip Code  |                                |   |                       |
|      | Person's relati         | ionship to you  |                                |   |                       |
|      | Deve en to Wh           | om You Gave the Gift  | _                              |   | <u> </u>              |
|      | erson to win            | om fou Gave me Gill   | _                              |   |                       |
|      |                         |   | _                              |   |                       |
|      | Number Stre             | et  |                                |   |                       |
|      | City                    | State Zip Code  | _                              |   |                       |
|      | Person's relati         | ionship to you  |                                |   |                       |

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| Debt | tor 1    | Elbert  | E                         | Melvin                            | Case number (if know                             | vn)                                     |  |
|------|----------|---|---------------------------|-----------------------------------|--|---|--|
|      |          | First Name  | Middle Name               | Last Name                         |  |   |  |
| 14.  | Wit      | hin 2 years before you file                       | ed for bankruptcy, did    | you give any gifts or contr       | butions with a total value                       | of more than \$600                      | to any charity?                                  |
|      | <b>V</b> | No  |                           |                                   |  |   |  |
|      | H        | Yes. Fill in the details for                      | each aift or contribution | on.                               |  |   |  |
|      | ш        | Gifts or contributions to                         |                           | Describe what you con             | atributed  | Date you                                | Value  |
|      |          | that total more than \$60                         |                           | Describe what you con             | ittibuteu  | contributed                             | value  |
|      |          |   |                           |                                   |  |   |  |
|      |          | Charity's Name                                    |                           |                                   |  |   |  |
|      |          |   |                           |                                   |  |   |  |
|      |          |   |                           |                                   |  |   |  |
|      |          | Number Street                                     |                           |                                   |  |   |  |
|      |          | City State  | Zip Code                  |                                   |  |   |  |
|      |          | •   | -р                        |                                   |  | _                                       |  |
| Part | 6:       | List Certain Losses                               |                           |                                   |  |   |  |
|      |          |   |                           |                                   |  |   |  |
| 15.  |          | hin 1 year before you filec<br>nbling?            | d for bankruptcy or sin   | ce you filed for bankruptc        | , did you lose anything bed                      | cause of theft, fire,                   | other disaster, or                               |
|      | _        |   |                           |                                   |  |   |  |
|      |          | No  |                           |                                   |  |   |  |
|      | Ш        | Yes. Fill in the details.                         |                           |                                   |  |   |  |
|      |          | Describe the property yo<br>how the loss occurred | ou lost and               |                                   | e coverage for the loss insurance has paid. List | Date of your loss                       | Value of property lost                           |
|      |          | now the loss occurred                             |                           |                                   | s on line 33 of <i>Schedule</i>                  | 1055                                    | 1031   |
|      |          |   |                           | A/B: Property.                    |  |   |  |
|      |          |   |                           |                                   |  |   |  |
| Dort | 7.       | List Certain Payments                             | or Transfers              |                                   |  |   |  |
|      |          | No  |                           |                                   | or services required in your b                   | ankruptcy.                              |  |
|      | ✓        | Yes. Fill in the details.                         |                           |                                   |  |   |  |
|      |          |   |                           | Description and value transferred | of any property                                  | Date payment<br>or transfer<br>was made | Amount of payment                                |
|      |          | Semrad Law Firm                                   |                           | Attorney's Fee - 0.00             |  | 6/13/2017                               | \$0.00   |
|      |          | Person Who Was Paid                               |                           | 7 ktomoy 6 1 66 - 6.66            |  | 3,10,211                                | <del>*************************************</del> |
|      |          | 20 S. Clark Street                                |                           |                                   |  |   |  |
|      |          | Number Street                                     |                           |                                   |  |   |  |
|      |          | 28th Floor  |                           |                                   |  |   |  |
|      |          | Chicago Illinois                                  |                           |                                   |  |   |  |
|      |          | City State  | Zip Code                  |                                   |  |   |  |
|      |          | Email or website address<br>None                  |                           |                                   |  |   |  |
|      |          | Person Who Made the Pay                           | yment, if Not You         |                                   |  |   |  |
|      |          |   |                           |                                   |  |   |  |
|      |          | Person Who Was Paid                               |                           |                                   |  |   |  |
|      |          | Number Street                                     |                           |                                   |  |   |  |
|      |          |   |                           |                                   |  |   |  |
|      |          |   |                           |                                   |  |   |  |
|      |          | City State  | Zip Code                  |                                   |  |   |  |
|      |          | Email or website address                          |                           |                                   |  |   |  |
|      |          |   |                           |                                   |  |   |  |
|      |          | Person Who Made the Pay                           | yment, if Not You         |                                   |  |   |  |

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| Debt |             | Elbert  | E  |   | Case number <i>(if known)</i> | )                                   |                        |
|------|-------------|---|--|---|-------------------------------|-------------------------------------|------------------------|
|      |             | First Name  | Middle Name  | Last Name                                   |                               |                                     |                        |
| 17.  | help        | hin 1 year before you filed<br>by you deal with your credit<br>not include any payment or t | tors or to make paym                               |   | half pay or transfer          | any property to a                   | anyone who promised to |
|      |             | No<br>Yes. Fill in the details.   |  |   |                               |                                     |                        |
|      |             |   |  | Description and value of any protransferred | operty                        | Date payment or transfer was made   | Amount of payment      |
|      |             | Person Who Was Paid   |  |   |                               |                                     |                        |
|      |             | Number Street   |  |   |                               |                                     |                        |
|      |             | City State  | Zip Code   |   |                               |                                     |                        |
| 18.  | the<br>Incl | ordinary course of your bu  | usiness or financial at<br>and transfers made as s | security (such as the granting of a secu    |                               |                                     |                        |
|      |             |   |  | Description and value of proper transferred |                               | y property or<br>eceived or debts p | Date transfer was made |
|      |             | Person Who Received Tran  | sfer   |   |                               |                                     |                        |
|      |             | Number Street   |  |   |                               |                                     |                        |
|      |             | City State<br>Person's relationship to you  | Zip Code<br>u                                      |   |                               |                                     |                        |
|      |             | Person Who Received Tran  | sfer   |   |                               |                                     |                        |
|      |             | Number Street   |  |   |                               |                                     |                        |
|      |             | City State<br>Person's relationship to you  | Zip Code<br>u                                      |   |                               |                                     |                        |
| 19.  | ben         | eficiary?<br>ese are often called asset-pro   |  | d you transfer any property to a self-      | settled trust or sim          | nilar device of whi                 | ich you are a          |
|      | Ц           | Yes. Fill in the details.   |  | Description and value of the p              | roperty transferred           |                                     | Date transfer was made |
|      |             | Name of trust   |  |   |                               |                                     |                        |

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Melvin Debtor 1 Elbert Case number (if known) Middle Name First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was number instrument before closed, sold, closing or moved, or transfer transferred Chase Bank Checking XXXX-0000 01/01/2017 \$ 125.00 Person Who Was Paid Savings P.O. Box 659732 Number Street Money market Brokerage San Antonio 78265 Texas Other City State Zip Code Old Second National Bank Checking XXXX-0000 01/01/2017 \$ 600.00 Person Who Was Paid Savings 37 S River street Number Street Money market Brokerage Illinois 60506 Aurora Other State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Number Street City State Zip Code City State Zip Code

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Melvin Debtor 1 Elbert \_\_ Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code Zip Code City State Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code

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| Debt |                                 | Elbert<br>First Name | E<br>Middle Name             | Melvin<br>Last Name           | Case number                     | (if known)   |                    |
|------|---------------------------------|----------------------|------------------------------|-------------------------------|---------------------------------|--|--------------------|
|      |                                 | i ii st ivaine       | Wilddie Name                 | Last Name                     |                                 |  |                    |
| 26.  | Hav                             | e you been a party   | in any judicial or adminis   | strative proceeding under     | any environmental law?          | Include settlements and orde                             | rs.                |
|      | <b>✓</b>                        | No                   |                              |                               |                                 |  |                    |
|      |                                 | Yes. Fill in the det | ails.                        |                               |                                 |  |                    |
|      |                                 |                      |                              | Court or agency               | Nature                          | of the case  | Status of the case |
|      |                                 | Case title           |                              |                               |                                 |  | Pending            |
|      |                                 |                      |                              | Court Name                    |                                 |  |                    |
|      |                                 | Case number          |                              | NumberStreet                  |                                 |  | On appeal          |
|      |                                 |                      |                              | City State                    | Zip Code                        |  | Concluded          |
|      |                                 |                      |                              |                               |                                 |  |                    |
| Part | 11:                             | Give Details Ab      | out Your Business or 0       | Connections to Any Bu         | siness                          |  |                    |
| 27.  | Witl                            | nin 4 years before   | you filed for bankruptcy, o  | did you own a business or     | have any of the following       | connections to any business                              | ?                  |
|      |                                 | A sole proprie       | etor or self-employed in a   | trade, profession, or other   | r activity, either full-time or | part-time  |                    |
|      |                                 |                      |                              | (LLC) or limited liability pa |                                 | •  |                    |
|      |                                 | A partner in a       |                              |                               | . , ,                           |  |                    |
|      |                                 | An officer, dir      | ector, or managing execu     | tive of a corporation         |                                 |  |                    |
|      |                                 | An owner of a        | at least 5% of the voting or | r equity securities of a corp | poration                        |  |                    |
|      |                                 | No None of the a     | bove applies. Go to Part 1   | 12                            |                                 |  |                    |
|      | $\stackrel{\mathbf{M}}{\vdash}$ |                      |                              | ne details below for each b   | ousiness.                       |  |                    |
|      | ш                               |                      | a app., as o ro and im in a  |                               | ure of the business             | Employer Identification no                               | umber Do not       |
|      |                                 |                      |                              |                               |                                 | include Social Security nu                               |                    |
|      |                                 | Business Name        |                              |                               |                                 | EIN:   |                    |
|      |                                 | N. andrew Observe    |                              |                               |                                 | Dates business existed                                   |                    |
|      |                                 | Number Street        |                              | Name of account               | ant or bookkeeper               | Dates busilless existed                                  |                    |
|      |                                 | City                 | State Zip Code               |                               |                                 | From To  |                    |
|      |                                 |                      |                              |                               |                                 |  |                    |
|      |                                 |                      |                              |                               |                                 |  |                    |
|      |                                 |                      |                              | Describe the natu             | ure of the business             | Employer Identification no include Social Security no    |                    |
|      |                                 |                      |                              |                               |                                 | EIN:   |                    |
|      |                                 | Business Name        |                              |                               |                                 |  |                    |
|      |                                 | Number Street        |                              |                               |                                 | Dates business existed                                   |                    |
|      |                                 | City                 | State Zip Code               | Name of account               | ant or bookkeeper               | From To  |                    |
|      |                                 | Oity                 | State Zip Odde               |                               |                                 | From To  |                    |
|      |                                 |                      |                              |                               |                                 |  |                    |
|      |                                 |                      |                              | Describe the nat-             | of the business                 | Faralassa Idantifia atian na                             | baDaat             |
|      |                                 |                      |                              | Describe the nati             | ure of the business             | Employer Identification no<br>include Social Security no |                    |
|      |                                 | Business Name        |                              |                               |                                 | EIN:   |                    |
|      |                                 |                      |                              |                               |                                 |  |                    |
|      |                                 | Number Street        |                              | Name of accounts              | ant or bookkeeper               | Dates business existed                                   |                    |
|      |                                 | City                 | State Zip Code               |                               | and or soonnooper               | From To  |                    |
|      |                                 |                      | ·                            |                               |                                 | · · · · · · · · · · · · · · · · · · ·                    |                    |
|      |                                 |                      |                              |                               |                                 |  |                    |

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| Debt   | tor 1 Elbert        | E   |                 | Melvin                  | Case number (if known)   |
|--------|---------------------|---|-----------------|-------------------------|--|
|        | First Name          | Middle  | Name            | Last Name               |  |
| 28.    | creditors, or other | er parties.                                       | uptcy, did you  | give a financial staten | nent to anyone about your business? Include all financial institutions,  |
|        | Yes. Fill in the    | e details below.                                  |                 |                         |  |
|        |                     |   |                 | Date issued             |  |
|        | Name                |   |                 | MM/DD/YYYY              | _  |
|        | Number St           | reet  |                 |                         |  |
|        | City                | State Z   | ip Code         |                         |  |
| Part   | 12: Sign Belov      | v   |                 |                         |  |
| t      | rue and correct. I  | understand that makin                             | g a false state | ment, concealing prop   | ments, and I declare under penalty of perjury that the answers are perty, or obtaining money or property by fraud in connection with to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|        | _                   | /s/ Elbert Melvin                                 |                 |                         |  |
|        | S                   | ignature of Debtor 1                              |                 |                         | Signature of Debtor 2  |
|        | D                   | ate 6/13/2017                                     |                 |                         | Date   |
| [<br>[ | No Yes              | litional pages to Your S<br>ee to pay someone who |                 |                         | viduals Filing for Bankruptcy (Official Form 107)? t bankruptcy forms?   |
| [.     | <b>√</b> No         |   |                 |                         |  |
|        | Yes. Name of p      | erson   |                 |                         | Attach the Bankruptcy Petition Preparer's Notice,  |

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| Fill in this infor        | Fill in this information to identify your case: |             |                              |  |  |  |  |  |  |
|---------------------------|---|-------------|------------------------------|--|--|--|--|--|--|
| Debtor 1                  | Elbert  | E           | Melvin                       |  |  |  |  |  |  |
|                           | First Name                                      | Middle Name | Last Name                    |  |  |  |  |  |  |
| Debtor 2                  |   |             |                              |  |  |  |  |  |  |
| (Spouse, if filing)       | First Name                                      | Middle Name | Last Name                    |  |  |  |  |  |  |
| United States E           | Bankruptcy Court for the:                       | Northern    | District of Illinois (State) |  |  |  |  |  |  |
| Case number<br>(If known) |   |             | (Glale)                      |  |  |  |  |  |  |

Check if this is an amended filing

### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral Did you claim the property What do you intend to do with the property that secures a debt? as exempt on Schedule C? Surrender the property. Creditor's name: Retain the property and redeem it. Yes Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: Creditor's Surrender the property. No. name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]: No. Surrender the property. Creditor's name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: No. Creditor's Surrender the property. name: Yes Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]:

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| Debtor  | r Elbert  | E                     | Melvin                 | Case number (if   |
|---------|---|-----------------------|------------------------|---|
| 1       | First Name  | Middle Name           | Last Name              | known)  |
| Part 2: | List Your Unexpired Person  | onal Property Lease   | es                     |   |
| informa |   | ate leases. Unexpired | leases are leases that | Contracts and Unexpired Leases (Official Form 106G), fill in the are still in effect; the lease period has not yet ended. You may U.S.C. § 365(p)(2). |
| De      | escribe your unexpired personal                                   | property leases       |                        | Will the lease be assumed?  |
| Les     | ssor's name:  |                       |                        | No Yes  |
|         | scription of leased operty:                                       |                       |                        |   |
| Les     | ssor's name:  |                       |                        | □ No<br>□ Yes   |
|         | scription of leased operty:                                       |                       |                        |   |
| Les     | ssor's name:  |                       |                        | □ No<br>□ Yes   |
|         | scription of leased operty:                                       |                       |                        |   |
| Les     | ssor's name:  |                       |                        | □ No □ Yes  |
|         | scription of leased operty:                                       |                       |                        |   |
| Les     | ssor's name:  |                       |                        | □ No □ Yes  |
|         | scription of leased operty:                                       |                       |                        | _   |
| Les     | ssor's name:  |                       |                        | □ No<br>□ Yes   |
|         | scription of leased operty:                                       |                       |                        | _   |
| Les     | ssor's name:  |                       |                        | □ No □ Yes  |
|         | scription of leased operty:                                       |                       |                        | _   |
| Part 3: | Sign Below  |                       |                        |   |
|         | er penalty of perjury, I declare perty that is subject to an unex |                       | ny intention about any | property of my estate that secures a debt and any personal  |
| _       | /s/ Elbert Melvin   |                       | <b>x</b> _             |   |
| S       | Signature of Debtor 1   |                       | Sig                    | nature of Debtor 2  |
| C       | Date 6/13/2017<br>MM/DD/YYYY                                      |                       | Da                     | te MM/DD/YYYY   |

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B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT**

|       |  | Nortnern Dist                | trict of Illinois  |                                  |  |  |  |
|-------|--|------------------------------|--|----------------------------------|--|--|--|
| In re | Elbert E Melvin  |                              | Case No.   |                                  |  |  |  |
| _     | Debtor   |                              |  | (If known)                       |  |  |  |
|       |  |                              | Chapter  | Chapter 7                        |  |  |  |
|       | DISCLOSURE OF  | COMPENSATION                 | ON OF ATTORNEY   | FOR DEBTOR                       |  |  |  |
| 1     | . Pursuant to 11 U.S.C. § 329(a) and I compensation paid to me within one rendered or to be rendered on behalf   | year before the filing of th | ne petition in bankruptcy, or agreed                                   | d to be paid to me, for services |  |  |  |
|       | For legal services, I have agreed to a   | ccept                        |  | \$1,315.00                       |  |  |  |
|       | Prior to the filing of this statement I  | have received                |  | \$0.00                           |  |  |  |
|       | Balance Due  |                              |  | \$1,315.00                       |  |  |  |
| 2     | . The source of the compensation pair  | d to me was:                 |  |                                  |  |  |  |
|       | <b>✓</b> Debtor  | Other (speci                 | fy)  |                                  |  |  |  |
| 3     | . The source of the compensation pai   | d to me is:                  |  |                                  |  |  |  |
|       | <b>✓</b> Debtor  | Other (speci                 | fy)  |                                  |  |  |  |
| 4     | I have not agreed to share the at members and associates of my l   |                              | cion with any other person unless                                      | they are                         |  |  |  |
|       |  | w firm. A copy of the agree  | with a other person or persons whement, together with a list of the na |                                  |  |  |  |
| 5     | 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; |                              |  |                                  |  |  |  |
|       | b. Preparation and filing of any   | petition, schedules, stater  | nents of affairs and plan which ma                                     | ay be required;                  |  |  |  |
|       | c. Representation of the debtor  | at the meeting of creditors  | s and confirmation hearing, and ar                                     | ny adjourned hearings thereof;   |  |  |  |
| 6     | . By agreement with the debtor(s), the   | above-disclosed fee does     | not include the following services                                     | S:                               |  |  |  |
|       |  |                              |  |                                  |  |  |  |
|       |  | CERTIF                       | ICATION  |                                  |  |  |  |
|       | I certify that the foregoing is a comple<br>tor(s) in this bankruptcy proceedings.   | te statement of any agreen   | nent or arrangement for payment t                                      | o me for representation of the   |  |  |  |
|       | 6/13/2017  |                              | /s/ Mary E.R. Walters  |                                  |  |  |  |
|       | Date   |                              | Signature of Attorney  |                                  |  |  |  |
|       |  |                              | Semrad Law Firm  |                                  |  |  |  |
|       |  |                              | Name of law firm   |                                  |  |  |  |
|       |  |                              |  |                                  |  |  |  |

IL CH7 Full Contract \$0 Down - Stratus BK Case 17-17932 Doc 1 Filed 06/13/17 Entered 06/13/17 12:19:00 Desc Main

# CONTRACT FOR LEGALESERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LC \$1315.00

attorney fees plus any necessary post-petition costs to represent my interests including preparation and amendment, if necessary, of schedules, preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr.

Adding additional bills \$31.00

Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments;

or

2. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

Client

Date: 06/13/2017

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to:
<a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:         | Melvin, Elbert E                          | Case No  |                                     |
|----------------|---|--|-------------------------------------|
|                | Debtor(s)                                 | Chapter.   | Chapter7                            |
|                | VERIFICA                                  | TION OF CREDITOR MAT                                       | RIX                                 |
| T<br>knowledge | he above named Debtors hereby verify the. | nat the attached list of creditors is tr                   | ue and correct to the best of their |
| Date:          | 6/13/2017                                 | /s/ Melvin, Elbert<br>Melvin, Elbert E<br>Signature of Deb |                                     |

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LOU HARRIS COMPANY 613 ACADEMY DR NORTHBROOK, IL, 600622420

COMMONWEALTH FINANCIAL 245 Main St Scranton, PA, 18519

ARS ACCOUNT RESOLUTION 1643 HARRISON PKWY STE 1 SUNRISE, FL, 33323

Rush Copley Po Box 129 Patient Financial Services Lombard, IL, 60148

Provena Mercy Hospital Aurora 1325 N Highland Ave Aurora, IL, 60506

Nicor - PO Box 5407 PO Box 5407 Carol Stream, IL, 60197

ComEd 3 Lincokln Cetre c/o Sabrina Copelan Villa Park, IL, 60181

Dreyer Medical Clinic 4100 Healthway Dr Aurora, IL, 60504

Old Second National Bank 37 S River street Aurora, IL, 60506

Transworld 507 Prudential Rd Horsham, PA, 19044

Cloud & Willis, LLC 201 Beacon Parkway West # 400 Birmingham, AL, 35209 Chase Bank 340 S. Cleveland Bldg 370 OH1-1073 Westerville, OH, 43081

Direct T.V Po Box 5007 Carol Stream, IL, 60197

American Medical Collection Agency 4 Westchester Plaza # Suite 110 Elmsford, NY, 10523

AFNI 1310 Martin Luther King Dr Bloomington, IL, 61701

Presbrey & Associates 21 West Galena Boulevard Aurora, IL, 60506 Case 17-17932 Doc 1 Filed 06/13/17 Entered 06/13/17 12:19:00 Desc Main Document Page 63 of 68

| Debtor 1 Elbert First Name  |  | leivin<br>ast Name  | Case number (if known)   |  |
|---|--|---|--|--|
|   | lestions for Reporting Purposes  | .st Name  |  |  |
| 16. What kind of debts do<br>you have?  | 16a. Are your debts primarily of "incurred by an individual property No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primarily to money for a business or incurred No. Go to line 16c.  Yes. Go to line 17.  16c. State the type of debts your   | orimarily for a persona<br>ousiness debts? <i>Busi</i><br>vestment or through t   | al, family, or household<br>iness debts are debts th<br>the operation of the bu  | purpose."<br>nat you incurred to obtain<br>siness or investment.   |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | No.  | 7. Do you estimate that a   | after any exempt propert<br>distribute to unsecured cr   | y is excluded and administrative<br>reditors?  |
| 18. How many creditors<br>do you estimate that<br>you owe?  | ☑ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | ☐ 1,000-5,000<br>☐ 5,001-10,00<br>☐ 10,001-25,0   | 0 🗖  | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19. How much do you<br>estimate your assets<br>to be worth?   | \$0-\$50,000     \$50,001-\$100,000     \$100,001-\$500,000     \$500,001-\$1 million  |   |  | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion   |
| 20. How much do you estimate your liabilities to be?  Part 7: Sign Below  | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million  |   | <u></u>  | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion   |
| For you   | I have examined this petition, and correct.  If I have chosen to file under Cha of title 11, United States Code. It under Chapter 7.  If no attorney represents me and out this document, I have obtained I request relief in accordance with I understand making a false state connection with a bankruptcy case both. 18 U.S.C. §§ 152, 1341, 15  /s/ Elbert Melvin Signature of Debtor 1  Executed on 6/13/2017 | pter 7, I am aware that understand the relief and I did not pay or agree ed and read the notice on the chapter of title 1 ament, concealing project can result in fines upon the chapter of the chapter of title 1 ament, concealing project can result in fines upon the chapter of the chapter of title 1 ament, concealing project can result in fines upon the chapter of | t I may proceed, if eligit<br>available under each ch<br>to pay someone who is<br>required by 11 U.S.C.<br>1, United States Code,<br>perty, or obtaining mor | ble, under Chapter 7, 11,12, or 13 napter, and I choose to proceed in an attorney to help me fill § 342(b).  I specified in this petition.  I hey or property by fraud in risonment for up to 20 years, or |

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|                                 |   | Docu                           | ment Page                              | 2 04 01 08   |  |
|---------------------------------|---|--------------------------------|--|--|--|
| Fill in this infor              | rmation to identify your                            |                                |  |  |  |
| Debtor 1                        | Elbert  |                                | Melvin                                 |  |  |
| Daha o                          | First Name  | Middle Name                    | Last Name                              | <del></del>  |  |
| Debtor 2<br>(Spouse, if filing) | First Name  | Middle Name                    | Last Name                              |  |  |
| United States E                 | Bankruptcy Court for the:                           | Northem                        | District of Illinois                   |  |  |
| Case number                     |   |                                | (State)                                |  |  |
| (if known)                      |   |                                |  |  |  |
| Official                        | Form 106De  | <u>∍c</u>                      |  | <del></del>  | Check if this is amended filing                                    |
| Declarat                        | ion About an  | Individual Debto               | r's Schedul                            | es   | 12 <i>j</i> ·  |
|                                 |   | ner, both are equally responsi |  |  |  |
| U.S.C. §§ 152,  Part 1: Sign    | 1341, 1519, and 3571.                               | Samurapity case (              | an result in lines up                  | o to \$250,000, or imprisonment                      | ncealing property, or obtaining<br>for up to 20 years, or both. 18 |
| Did you p                       | ay or agree to pay som                              | eone who is NOT an attorney    | to help you fill out b                 | ankruptcy forms?                                     |  |
| <b>☑</b> No                     |   |                                | •                                      |  |  |
| Yes, I                          | Name of person                                      |                                | Attach Bankrupte<br>Signature (Officia | cy Petition Preparer's Notice, Deci<br>al Form 119). | laration, and  |
|                                 |   |                                |  | ·  |  |
| Under per<br>that they          | nalty of perjury, I declar<br>are true and correct. | re that I have read the summa  | ary and schedules file                 | ed with this declaration and                         |  |
| /s/ Elbert<br>Signature o       |   | lel_                           | <b>x</b>                               | <u> </u>   |  |
| g                               |   |                                | Signat                                 | ture of Debtor 2                                     |  |

Date

MM/DD/YYYY

Date 6/13/2017

MM/DD/YYYY

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| Debte  | or 1 E    | Elbert  |  | Melvin                                       | Construction and   |
|--|-----------|---|--|--|--|
| ·  | F         | irst Name   | Middle Name  | Last Name                                    | Case number (if known)   |
| 28.  |           | iin 2 years before<br>litors, or other par<br>No<br>Yes. Fill in the deta |  | you give a financial stater                  | nent to anyone about your business? Include all financial institutions   |
| on the same of the |           |   |  | Date issued                                  | 449<br>0.4   |
| -  |           | Name  |  | MM/DD/YYYY                                   | _  |
|  |           | Number Street   |  | <u>.                                    </u> |  |
|  |           | City  | State Zip Code   | <del></del>                                  |  |
| Part `   | 12:       | Sign Below  |  |  |  |
|  |           | ruptcy case can r   |  |  | ments, and I declare under penalty of perjury that the answers are erty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|  |           | Signatu   | ie di Debtori 🤛  |  | Signature of Debtor 2  |
|  |           | Date 6  | /13/2017   |  | Date   |
|  | No<br>Yes | 8   | al pages to Your Statement of the statem |  | iduals Filing for Bankruptcy (Official Form 107)?  bankruptcy forms?   |
| 7  | No        |   |  |  |  |
| Ē  | Ye        | s. Name of person   |  |  | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119).   |

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| ebtor Elbert   |   | Melvin  | Case number (if   |
|--|---|---|---|
| First Name   | Middle Name   | Last Name   | known)  |
| List Your Unexpired  |   |   |   |
| r any unexpired personal pro<br>ormation below. Do not list re<br>sume an unexpired personal | perty lease that you listed i<br>eal estate leases. Unexpire<br>property lease if the trustee | n Schedule G: Executory<br>d leases are leases that<br>e does not assume it. 11                               | Contracts and Unexpired Leases (Official Form 106G), fill in the are still in effect; the lease period has not yet ended. You may U.S.C. § 365(p)(2). |
| Describe your unexpired pe   | irsonal property leases   |   | Will the lease be assumed?  |
| Lessor's name:   | ·   |   | No  |
| Description of leased property:  |   |   | Yes .   |
| Lessor's name:   | et est en   | and the sense considerable and the sense and the sense of | □ No  |
| Description of leased property:  |   |   | Yes   |
| Lessor's name:   |   |   | □ No □ Yes  |
| Description of leased property:  |   |   |   |
| Lessor's name:   |   |   | □ No · · · · · · · · · · · · · · · · · ·  |
| Description of leased property:  |   |   |   |
| Lessor's name:   |   |   | □ No □ Yes  |
| Description of leased property:  |   |   |   |
| Lessor's name:   |   |   | □ No □ Yes  |
| Description of leased property:  |   |   |   |
| Lessor's name:   |   |   | ☐ No<br>☐ Yes   |
| Description of leased property:  |   |   |   |
| 3: Sign Below  | ikkanaminingan (mak) ika kenamin (mai nada) dan pengalah malah international mengalah (manus  | USANNIEL MALANIEL MACHANIA PARA PROPERTIEM ARCHINA ANG ANG ANG ANG ANG ANG ANG ANG ANG A                      |   |
| Inder penalty of perjury, I dec<br>roperty that is subject to an                             | clare that I have indicated n   | ny intention about any p  | roperty of my estate that secures a debt and any personal   |
| /s/ Elbert Melvin Signature of Debtor 1  |   | ×   |   |
| Date 6/13/2017<br>MM/DD/YYYY   |   | Signi   | MM/DD/YYYY  |

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## UNITED STATES BANKRUPTCY COURT Northern District of Illinois

| In re:         | Melvin, Elbert                         |  |
|----------------|--|--|
|                | Debtor(s)                              | Case No  |
|                |  | Chapter. Chapter7  |
| •              | VERIF                                  | ICATION OF CREDITOR MATRIX   |
| TT<br>nowledge | he above named Debtors hereby ve<br>e. | ify that the attached list of creditors is true and correct to the best of their |
| Date:          | 6/13/2017                              | /s/ Melvin, Elbert   |
|                |  | Melvin, Elbert   |

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| Debtor 1 Elbert  | Melvin                              | Case number (ff known)  |                          |
|--|-------------------------------------|---|--------------------------|
| First Name Middle Name   | Last Name                           | Gaso number (maiswry  |                          |
|  |                                     |   | olumn B                  |
|  |                                     | Debtor 1 D  | ebtor 2 or               |
| 8.Unemployment compensation  |                                     | \$0.00  |                          |
| Do not enter the amount if you contend that the amounder the Social Security Act. Instead, list it here:   | ount received was a benefit         |   |                          |
| For you  | \$0.00                              |   |                          |
| For your spouse  | \$0.00                              |   |                          |
| 0.0  |                                     |   |                          |
| <ol> <li>Pension or retirement income. Do not include any<br/>benefit under the Social Security Act.</li> </ol>  |                                     | \$0.00  |                          |
| 10.Income from all other sources not listed above,<br>amount. Do not include any benefits received under<br>payments received as a victim of a war crime, a crime<br>international or domestic terrorism. If necessary, list of<br>page and put the total below. | the Social Security Act or          |   |                          |
| Total  |                                     | <del></del> -   |                          |
| Total amounts from separate pages, if any.   |                                     | + <u>\$0.00</u> +   |                          |
| 11. Calculate your total current monthly income. A   | dd lines 2 through 10 for           | <b>†</b>  | =                        |
| each   |                                     | \$1,144.20  | \$1,144.20               |
| column. Then add the total for Column A to the to  | al for Column B.                    |   |                          |
|  |                                     |   | Total current            |
| Part 2: Determine Whether the Means Test A   | nnlies to Vou                       |   | monthly income           |
| 12. Calculate your current monthly income for the y  |                                     |   |                          |
| 12a. Copy your total current monthly income from lin   | ear. Follow these steps:            |   |                          |
| BANKET AND   | CII.                                | Copy line 1   | here → <u>\$1,144.20</u> |
| Multiply by 12 (the number of months in a year   |                                     |   | X 12                     |
| 12b. The result is your annual income for this part of   | the form.                           |   | 12b. \$13,730.40         |
| 12 Coloulate the mediculation of the colour  |                                     |   |                          |
| 13 Calculate the median family income that applies   | to you. Follow these steps:         |   |                          |
| Fill in the state in which you live.   | Illinois                            |   |                          |
| Fill in the number of people in your household.  | 1                                   |   |                          |
| Fill in the median family income for your state and size household.  | e of                                | sandan nepulphania dan madapuka dalam kanggapuka da | 13. \$50,765.00          |
| To find a list of applicable median income amounts, g  | 10 online using the link specified  | in the senarate   |                          |
| moradolions for this form. This list may also be availab   | le at the bankruptcy clerk's office | e.  |                          |
| 14. How do the lines compare?  |                                     |   |                          |
| 14a.  Line 12b is less than or equal to line 13. On Go to Part 3.  | the top of page 1, check box 1      | , There is no presumption of abuse  |                          |
| 14b. Line 12b is more than line 13. On the top o   | f page 1, check box 2, The pres     | sumption of abuse is determined by  | Form 122A-2.             |
| Part 3: Sign Below   |                                     |   |                          |
| Cigit Dolott   |                                     |   |                          |
|  |                                     |   |                          |
| By signing here, I declare under penalty of perjury the  | at the information on this statem   | nent and in any attachments is true   | and correct.             |
| 0// 10/1   | ,                                   |   |                          |
| X /s/ Fibert Melvin  |                                     |   |                          |
| - Ly W   | *_                                  |   |                          |
| Signature of Debtor 1  | Si                                  | gnature of Debtor 2   | <del></del> -            |
| Date 6/13/2017   | D                                   | sto 6/49/0047   |                          |
| MM/DD/YYYY   | De                                  | ate 6/13/2017<br>MM/DD/YYYY   |                          |
|  |                                     |   |                          |
| If you checked line 14a, do NOT fill out or file Form<br>If you checked line 14b, fill out Form 122A-2 and t   | ા 122A-2.<br>file it with this form |   |                          |